PETER BENT BRIGHAM HOSPITAL BOSTON

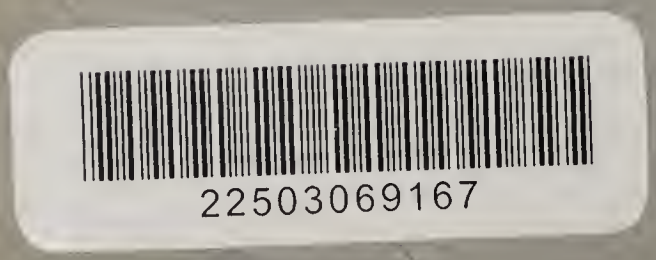
TWELFTH ANNUAL REPORT

FOR THE YEAR 1925

WRIGHT & POTTER
BOSTON
1926

FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of dollars, the same to be used for the furtherance of its charitable work.


22503069167

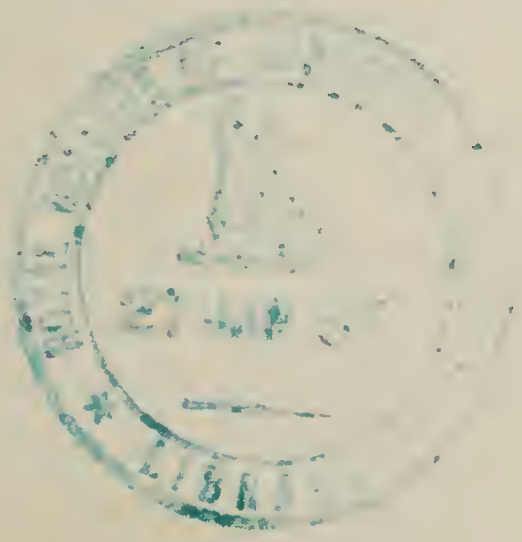
TWELFTH ANNUAL REPORT

OF THE

PETER BENT BRIGHAM HOSPITAL

FOR THE YEAR

1925



WRIGHT & POTTER
BOSTON
1926

WELLCOME
INSTITUTE
Ann Rep
WX28
B65
B74P47
1925



Contents

	PAGE
President's Report	1
Donations	5
Free Beds	7
Report of the Treasurer	8
Report of the Superintendent	14
Table I. Table of Medical and Surgical Diseases Reported in Terms of International Classification	19
Table II. Comparative Tables of Statistics	25
Table III. " " " "	28
Table IV. Expense and Revenue Statement	29
Report of the Roentgenologist	35
Report of the School of Nursing	42
In Memoriam, Evelyn Desire Jetté	47
Social Service	48
Report of the Pathologist	64
Publications of the Pathological Staff	67
Report of the Surgeon-in-Chief	68
Publications of the Surgical Staff	81
Surgical Diagnoses and Operations	93
Report of the Physician-in-Chief	118
Publications of the Medical Staff	127
Summary of Medical Report	150
Surgical Hospital No. 6	151
Visiting Physicians and Surgeons Pro Tempore	153
Register of Present Members of the Staff	155
Register of Former Members of the Staff	167
Officers of the Institution	198

President's Report

The Board calls attention to the following names to be added to the already substantial list of those who have received at least a part of their education in this hospital, and who have been called to positions of honor and importance in other hospitals:

Dr. E. C. Vogt, House Officer in X-ray Department, September, 1924, to March, 1925, and Assistant Resident in Roentgenology, March, 1925, to September, 1925, is now Resident in Roentgenology at the New Haven Hospital.

Dr. Burgess Lee Gordon, Jr., Assistant Resident Physician, September, 1921, to August, 1922, and Resident Physician, August 1, 1922, to September 1, 1925, has accepted the position of Instructor in Medicine at Jefferson Medical College, and Assistant Medical Director, Department for Diseases of the Chest, at Jefferson Hospital, Philadelphia.

Dr. Lawrence A. Kohn, Assistant Resident Physician from September 15, 1924, to September 1, 1925, has been appointed Instructor in Medicine at the University of Rochester, and Resident Physician, Strong Memorial Hospital, Rochester, New York.

Dr. Hilding Berglund, Assistant Resident Physician, July 5, 1921, to September 1, 1923, and Associate in Medicine, September 1, 1923, to November 1, 1925, has become Professor of Medicine and Director of the Medical Department of the University of Minnesota, Minneapolis, Minnesota.

Dr. Richmond L. Moore, Surgical House Officer, November 1, 1923, to March 1, 1924, and Assistant

Resident Surgeon from July 1, 1924, to July 1, 1925, is now Assistant Resident Physician at the Hospital of the Rockefeller Institute, New York City.

Laymen as well as physicians may read with interest and profit what is said in the report of the Physician-in-Chief on the subject of Group Study of Patients, as exemplifying one of the useful objects of the hospital, and, as we believe, of great benefit to the patients who seek our assistance.

From the first year the hospital opened, from time to time, the Corporation has appointed, on recommendation of the Executive Committee of the staff, well-known teachers in this country and abroad as visiting surgeons and physicians *pro tempore*. During their service of from one to two weeks they have lived with the resident staff, made ward rounds, and conducted clinics. Their services are looked forward to by the resident staff as most stimulating, bringing, as they do, new ideas from various parts of this country and abroad. The hospital has benefited much by their advice and by their inspiration, and acknowledges with gratitude the valuable service that has been given to the hospital. The first man to occupy such a position was Dr. William S. Thayer, then Professor of Medicine, Johns Hopkins University, and later Physician-in-Chief, Johns Hopkins University, who served as Visiting Physician *pro tempore* from November 14 to November 21, 1913. During the past year those appointed were: Dr. William deB. MacNider, Professor of Pharmacology, University of North Carolina, Visiting Physician, April 13 to April 17, 1925, and Dr. Evarts Graham, Professor of Surgery, Washington University, St. Louis, Visiting Surgeon, April 26 to May 3, 1925.

A complete list of the Visiting Surgeons and Physicians *pro tempore* will be found on pages 153 and 154.

The Board calls attention to publications by members of the staff on scientific subjects during the past year, the record of which will be found by reference to the reports of the Roentgenologist, the Pathologist, the Surgeon-in-Chief, and the Physician-in-Chief, on pages 40, 67, 81 and 128 respectively. The purpose of the Board is to maintain a general hospital, but it is gratifying that the care and attention given to patients are made the subjects of study, to the end that aid in the treatment of the sick may be given to other members of the medical profession.

It is our earnest hope and belief that patients in this hospital, and particularly those who are admitted gratuitously, are dealt with courteously and kindly, and in corroboration of this belief, it is gratifying to the Board to see frequent letters from grateful patients.

The members of the Corporation give constant attention to the provision of the will of Peter Bent Brigham, that the hospital shall be "for the care of sick persons in indigent circumstances residing in the County of Suffolk." Although the hospital has been running during the last few years nearly to the limit of its capacity, beds are kept in reserve for those patients for whom the hospital was thus founded; urgent cases, residing within the county, are admitted at once, and arrangements are made for the admission of all such patients with the least possible delay.

The hospital acknowledges with gratitude the gifts received during the past year, the list of which will be found on the pages immediately following the President's report.

The Board of Incorporators wish to record their appreciation to the staff and employees for their faithful work during the year.

C. P. CURTIS,
President.

DECEMBER 31, 1925.

Gifts to the Hospital for the Year 1925

Mr. Jesse Koshland	$25.00
Mr. Timothy K. Hall	50.00
Boston Firemen's Relief Fund for a free bed for year 1925	200.00
Mr. Charles P. Curtis for a free bed for year 1925	100.00
Mr. Theodore Lyman gift through Dr. Cheever	500.00
Mrs. Sidney M. Williams' gift to the Walter Hunnewell Free Bed Fund	2,000.00
Estate Philip H. Gray for the furtherance of Neuro-Surgery	10,000.00
Committee of the Permanent Charity Fund, Inc., to be used for general purposes of the Social Service Department	2,750.00
Mr. John L. Severance gift through Dr. Cushing to the Surgeon-in-Chief Fund	5,000.00
Anonymous gifts to Diabetic Research Fund	575.00

Gifts to Social Service Fund:

Mrs. F. W. Sargent	$1,000.00	Mrs. Henry B. Chapin	$10.00
Miss Fannie M. Faulkner	20.00	Miss Ellen Bullard	10.00
Mr. Charles Storrow	10.00	Mrs. A. L. Lowell	25.00
Mrs. Horace Binney	5.00	Miss Elizabeth B. Brown	10.00
Mrs. William Amory	10.00	Miss Clara E. Sears	5.00
Mrs. Neal Rantoul	25.00	Miss Olivia Ames	25.00
Mrs. Amory A. Lawrence	25.00	Mrs. Herbert Lyman	10.00
Mrs. Walter C. Baylies	25.00	Mrs. H. Pauline Merrick	25.00
Mrs. Henry Grew	10.00	Mrs. George H. Lyman	10.00
Mrs. Arthur B. Denny	25.00	Mrs. Gordon Abbott	10.00
Miss Amelia Peabody	15.00	Mrs. J. A. L. Blake	10.00
Mrs. C. P. Curtis	50.00	Mrs. T. J. Coolidge	50.00
Mrs. Edward Grew	5.00	Mrs. Reginald Foster	5.00
Mrs. Isabella C. Ingraham	5.00	Mr. Augustus Hemenway	25.00
Mrs. Edwin Davies	10.00	Mrs. William Aldrich	10.00
Mrs. Eliot Hubbard	10.00	Mrs. A. F. Bemis	25.00
Mrs. Leslie McG. Morison	100.00	Mrs. F. Douglas Cochrane	25.00
Miss Sarah F. Brewer	25.00	Mrs. Philip Dexter	25.00
Mrs. George P. Dewey	25.00	Mrs. R. W. Emmons	15.00
Mrs. James C. Howe	5.00	A Friend	25.00
Mr. A. L. Lincoln	10.00	Mrs. M. G. Houghton	10.00
Mr. Chas. P. Curtis	100.00	Mr. L. H. H. Johnson	50.00
Mrs. Percival H. Lombard	20.00	Mrs. R. T. Paine	15.00
Mrs. Donald M. Frost	10.00	Mrs. J. H. Ropes	5.00
Mrs. W. Rodman Peabody	10.00	Miss Evelyn R. Sturgis	25.00
Mrs. John L. Grandin	10.00	Mrs. Moses Williams	5.00
Mrs. Richard Fisher	25.00	Mrs. William Whitman, Jr.	10.00
Mrs. John Thorndike	10.00	Mrs. Henry G. Brooks	5.00
Mr. T. H. Brown	5.00	Dr. Francis W. Peabody	10.00

PETER BENT BRIGHAM HOSPITAL

Mrs. Nathaniel Thayer	$25.00	Mrs. Francis B. Crowninshield	$10.00
Mr. Edward A. Taft	10.00	Mrs. James Jackson	10.00
Miss Mary F. Bartlett	10.00	Mrs. Everett Morss	5.00
Mrs. W. A. L. Bazeley	5.00	Mrs. Henry A. Morss	25.00
Mrs. J. L. Bremer	25.00	Mrs. Malcolm Donald	10.00
Dr. Harvey Cushing	50.00	Mr. G. G. Peters	50.00
Mrs. John Ames	10.00	Miss Elizabeth Johnson	5.00
Mr. Arnold W. Hunnewell	25.00	Mr. William Amory	500.00
Dr. and Mrs. Cheever	25.00	Mrs. William Amory	100.00
Mrs. Roger B. Merriam	20.00	Mrs. A. F. Bemis	25.00
Mrs. William Amory	10.00	Mrs. Bernard Trafford	10.00
Mr. Henry J. Sargent	100.00	Mrs. R. G. Shaw	10.00
Mrs. Henry S. Howe	25.00	Miss Dorothy B. Hall	10.00
Mrs. William Hooper	10.00	Miss Margaret Warren	5.00
Miss Harriet S. Curtis	10.00	Miss Ida G. Beal	5.00
Mrs. N. P. Hallowell	15.00	Mrs. Robert Saltonstall	25.00
Mrs. J. D. C. Bradley	10.00	Mrs. H. M. Burr	15.00
Mr. Augustus Hemenway	50.00	In memory Mr. William H. Wellington	100.00
Mrs. Robert Lovett	15.00	Mrs. Thomas Goodwillie	25.00
Miss Jane B. Hunnewell	20.00	Mrs. Ingersol	10.00
Mrs. Oliver Ames	20.00	Mrs. Sidney M. Williams	10.00
Mrs. John C. Phillips	15.00	Miss Sylvia Warren	25.00
Mrs. Norman W. Cabot	30.00	Mrs. Shepard Brooks	100.00
Mrs. Philip Dalton	5.00	Mrs. L. A. Frothingham	25.00
Miss Hilbert F. Day	5.00	Mr. F. W. Hunnewell	100.00
Mrs. William Emerson	50.00	Miss Mary Hunnewell	10.00
Mrs. Francis C. Hall	10.00	Mrs. F. Murray Forbes	100.00
Mrs. Edward J. Holmes	5.00	Mrs. Walter Hunnewell	25.00
Mrs. Joseph B. Howland	10.00	Miss Mabel Lyman	10.00
Miss Louisa Hunnewell	20.00	Mrs. Philip Saltonstall	5.00
Mrs. Henry Lyman	15.00	Mrs. Evelyn Byng	15.00
Mrs. John P. Reynolds	25.00	Proceeds of Fair	594.35
Mr. Richard D. Sears	10.00		
Mr. F. Douglas Cochrane	25.00		

Free Bed Fund

Alexander Cochrane Free Bed . .	$10,000.00	
Walter Hunnewell Free Bed . .	10,000.00	
Miss Aimee Lamb (in memory of Mrs. Winthrop Sargent) . .	5,000.00	
Theodore Lyman Free Bed . .	1,000.00	for ten years
Boston Firemen's Relief Association Free Bed	200.00	for one year
Charles P. Curtis Free Bed . .	100.00	for one year

Report of the Treasurer

A STATEMENT of receipts of income from investments and of payments therefrom out of the office of the Treasurer for the year ending December 31, 1925, is as follows:

	INCOME	
Real Estate Receipts:		
Rents	$187,963.58	
Taxes paid by tenants	34,047.61	
Insurance paid by tenants	3,600.61	
Portland Street Power Plant net receipts	264.83	$225,876.63
Interest on investments:		
On bonds	$52,827.65	
On notes	2,200.00	
On mortgages	3,493.23	
	$58,520.88	
Dividends	22,529.00	81,049.88
Bank interest		643.24
Total income		$307,569.75
	EXPENDITURES	
Taxes	$77,440.68	
Building repairs, etc.	7,962.10	
Insurance	7,965.75	
Salaries	7,800.00	
Legal expenses	604.10	
Audit	550.00	
Safe deposit box rent	70.00	
Brokerage on leases	35.00	
Court certificate *re* sale of bonds	.25	
Total expenditures	$102,427.88	
Bond premiums amortized	745.51	103,173.39
Amount carried forward		$204,396.36

Amount brought forward		$204,396.36
Transferred to Portland Street Power Plant, depreciation account	$264.83	
Transfer of income applicable to the following funds for year 1925:		
Surgeon-in-Chief Fund	1,381.24	
John P. Reynolds Scholarship Fund	125.00	1,771.07
Net investment income available for hospital operating expenses		$202,625.29
Net payments for hospital operating expenses as shown by Superintendent's statement appended	$192,942.62	
Less increase in Superintendent's supplies	2,884.65	190,057.97
Transferred to General Fund for reduction of book value of Boston & Maine R.R. pfd. A shares		$12,567.32

Schedule of Property

Land and buildings occupied for hospital, including furniture and fixtures	$2,062,345.37
Mortgages	60,000.00
Notes with collateral	40,000.00
Land and buildings:	
166–210 Portland Street	775,436.22
5–11 Tremont Row	493,221.99
224–30 Congress Street	100,493.77
108–114 Lincoln Street	158,814.31
223–5 Washington Street	220,000.00
91–5 Portland Street	75,957.25
67–9 Commercial Street	73,999.76
1–3 Bowdoin Street	54,452.51
148–50 Hanover Street	60,787.78
1–7 Sudbury Street	70,159.03
88–92 Court Street	192,888.53
Amount carried forward	$4,438,556.52

Amount brought forward	$4,438,556.52
Land and buildings — *Con.*	
94–8 Arch and 13–17 Otis Streets .	166,668.88
Land corner Albany and Dover Streets .	110,221.90
1,000 shares Boston & Maine R.R. Co. pfd. A .	142,000.00
120 shares Boston & Maine R.R. Co. P. P. pfd. 25% pd.	3,000.00
100 shares Boston & Albany R.R. Co. . .	25,800.00
524 shares Vermont & Mass. R.R. Co. . .	91,700.00
450 shares Old Colony R.R. Co. . . .	93,150.00
183 shares Nashua & Acton & Boston R.R. .	183.00
300 shares State Street Exchange . . .	25,960.00
400 shares Boston Wharf Company. . .	37,585.25
50 shares Boston Real Estate Trust . .	58,514.25
150 shares Hotel Trust (Touraine) . . .	15,900.00
100 shares South Terminal Trust . . .	10,300.00
100 shares Newport Electric Corporation .	13,278.33
1,000 shares Berkeley Hotel Trust . . .	65,000.00
300 shares New York Central & Hudson River R.R. Co.	29,367.95
100 shares Chicago, Milwaukee & St. Paul R.R. Co.	14,760.70
220 shares Pennsylvania R.R. Co. . . .	11,731.88
1,500 shares New York, New Haven & Hartford R.R. Co.	28,500.00
$150,000 American Telephone & Telegraph Co., 4% bonds, due 1929	139,887.50
60,000 Portland & Ogdensburg R.R. Co., 4½% bonds, due 1928 . . .	60,241.61
25,000 Long Island R.R. Co., Gold Debenture 5% bonds, due 1934 . .	24,000.00
5,000 Kansas City, Memphis Railway & Bridge Co., 5% bonds, due 1929 .	5,029.37
100,000 Chicago, Burlington & Quincy R.R. Co., Ill. Div., 3½% bonds, due 1949	89,077.50
20,000 Washington Water Power Co., 5% bonds, due 1939	20,227.78
50,000 Boston & Maine R.R. Co., 4½% bonds, due 1929	50,539.67
50,000 Interborough Rapid Transit Co., 5% bonds, due 1966	49,500.00
50,000 Burlington, Cedar Rapids & Northern R.R. Co., 5% bonds, due 1934 .	52,325.41
Amount carried forward	$5,873,007.50

Amount brought forward		$5,873,007.50
$25,000	New York Central & Hudson River R.R. Co., 1st mortgage, 3½% bonds, due 1997	21,875.00
50,000	Cleveland, Lorain & Wheeling R.R. Co., 5% bonds, due 1933	51,983.45
25,000	New York Central & Hudson River R.R. Co., Debenture, 4% bonds, due, 1934	23,937.50
25,000	Northern Pacific R.R. Co., Prior Lien, 4% bonds, due 1997	24,781.25
50,000	Eastern Mass. Street Ry. Co., series A 4½% bonds, due 1948	41,750.00
2,500	Eastern Mass. Street Ry. Co., series D 6% bonds, due 1948	
300	Eastern Mass. Street Ry. Co., series C 6% bonds, due 1927	
25,000	Quincy Market Realty Co., 5% bonds, due 1964	25,000.00
75,000	Chicago & North Western R.R. Co., Extension, 4% bonds, due 1926	72,750.00
28,000	General Electric Co., 3½% bonds, due 1942	23,170.00
56,800	Pere Marquette Ry. Co., 1st mortgage, 5% bonds, due 1956	49,420.00
3,000	Pennsylvania R.R. Co., 4% bonds, due 1948	2,880.00
50,000	Atchison, Topeka & Santa Fé Ry. Co., Transcontinental Short Line, 4% bonds, due 1958	47,500.00
50,000	Illinois Steel Co., 4½% bonds, due 1940	47,375.00
5,000	Boston & Albany R.R. Co., equipment, 4½% bonds, due 1926	19,340.00
15,000	Boston & Albany R.R. Co., equipment, 4½% bonds, due 1927	
50,000	Liberty Loan, 4¼% bonds, due 1928	50,000.00
50,000	Liberty Loan, 4¼% bonds, due 1938	50,000.00
25,000	Cedar Rapids Mfg. & Power Co., 1st mortgage, S. Fd., 5% bonds, due 1953	24,250.00
20,000	Milwaukee Electric Railway & Light Co., Refd. & Extn. Mtge., 4½% bonds, due 1931	18,500.00
Amount carried forward		$6,467,519.70

Amount brought forward		$6,467,519.70
$15,000 Montreal Light & Power Co., 1st mortgage, 4½% bonds, due 1932 .		13,875.00
10,000 Atchison, Topeka & Santa Fé R.R. Co., East Okla. Div., 1st mortgage, 4% bonds, due 1928		9,649.60
15,000 Balt. & Ohio R.R. Co., So. West Div., 5% bonds, due 1950		14,887.50
Cash:		
Operating Expense Fund .	$20,000.00	
In banks	4,884.16	
In hands of Superintendent .	17.95	24,902.11
Superintendent's Inventories		57,890.46
		$6,588,724.37

Included in the above schedule of property are the following Special Funds:		
Diabetic Research Fund .	$130.77	
Philip H. Gray Fund for the furtherance of Neuro-Surgery .	8,373.12	
John P. Reynolds Memorial Fund	1,000.00	
Hemenway Squash Court .	11,050.00	
Surgical Dressing Fund — Donation from the New England Surgical Dressing Committee .	10,000.00	
Surgeon-in-Chief Fund . .	27,833.33	
John P. Reynolds Scholarship Fund	2,500.00	
Radium Fund	3,000.00	
Alexander Cochrane Free Bed Fund	10,000.00	
Theodore Lyman Free Bed Fund	1,000.00	
Aimee Lamb Free Bed Fund in memory of Mrs. Winthrop Sargent	5,000.00	
Walter Hunnewell Free Bed Fund	10,000.00	89,887.22
		$6,498,837.15

Viz.:

Peter Bent Brigham Hospital accounts . . .	$6,485,206.95
Reserved income accounts .	2,931.24
Portland Street Power Plant — depreciation account .	7,417.65
Surgeon-in-Chief Fund — income account . . .	3,079.46
John P. Reynolds Scholarship Fund — income account	201.85
	$6,498,837.15

E. D. CODMAN,
Treasurer.

Report of the Superintendent

This is the twelfth annual report of the Superintendent. There were admitted to the ward during the year 4,422 patients as compared with 4,658 during 1924. There was little difference in the number of days' treatment in the past two years, — 72,411 this year, and 72,539 last year. In the Out-Door Department, 7,081 new patients were seen and the total visits of old and new patients was 60,291. This is a decrease of 765 new patients as compared with last year, and an increase in visits to the department of 955.

The daily per capita cost of caring for all house patients, based on total expenditures in all departments of the hospital (excepting the amount paid to special nurses), was $7.12. Excluding the cost of operating the private ward and the expense of the Out-Door Department, the daily per capita cost was $6.21+. Last year's corresponding figures were $6.83− and $5.67−. Detailed comparison of costs and statistics will be found in Table II on page 25.

Food costs have increased during the year, and in the face of these, we are pleased that the daily cost of food for all persons fed in the hospital was no greater than it was, — .48+ as compared with .46+ in 1924.

The dietary department has had a busy year. The total special diet days for the year was 18,037 as compared with 16,206 last year. Thirty-five different types of diets were represented in this total. The outstanding figures were: Diabetic, 2,590; High

Caloric, 899; Low Protein, 1,955; Obesity, 1,233; Sippy, 1,517; Typhoid, 354; High Purin, 385; Colitis, 844; Nephritic, 781; Hyperthyroid, 192; Extra diets, 6,764.

Several changes occurred in the personnel of the dietary department during the year. Miss Grace Carden succeeded Miss Muriel Long in charge of special diets, and later left us to become Chief Dietitian of the Strong Memorial Hospital, Rochester, New York. Miss Elizabeth Bellinger, one of our former student dietitians here, succeeded Miss Carden. Miss Amalia Lautz, head of the department, resigned to take advanced courses in Harvard University. Miss Thelma Tubbs was advanced from assistant dietitian to succeed Miss Lautz. Miss Rosina Vance, formerly in the department, returned. Nine student dietitians finished the six months' course. Students are now given a certificate on completion of the course.

Our affiliation with the Boston Lying-In Hospital, whereby student nurses receive their obstetrical training at that institution, has been in effect more than a year, and we believe has been mutually satisfactory.

We are glad to note the honor conferred on Miss Carrie M. Hall, Principal of the School of Nursing, who, during the year, was elected President of the National League of Nursing Education.

The addition to the nurses' residence was completed and occupied last spring, thus permitting us to vacate the two houses on Wigglesworth Street, and most of one floor in the Out-Door Department. Our nurses are now all comfortably housed in one building.

The vacated floor in the Out-Door Department is

being used for the large asthma and hay fever clinic three times a week, and for patients' classes and other out-patient purposes.

It was used as a meeting place for the graduation exercises of the School of Nursing this fall.

The fiction library reports an increasing use of its books; 10,895 books were circulated, an increase of 1,172 over 1924; 48 books were given to the library and 57 were bought. Forty foreign books for patients' use were borrowed from the State Public Library Commission.

Following a disastrous fire in a private hospital in December, 1924, the building department of the city of Boston ordered the installation of sprinkler systems in hospitals throughout the city. Our requirements in this respect were about 550 sprinkler heads located in the basements of all wards, the vertical openings in the wards and in the corridor approaches to the wards.

In addition, the hospital, which has a complete installation of fire standpipes and hose, added sixty-six chemical extinguishers of the standard 2½ gallon size.

It has been noted that the number of new patients treated in the Out-Door Department was less and the total number of visits greater than in the previous year. We believe these figures are explained by the appointment system in use in the department, which has now been in effect for a year and a half. In order to give proper time for examination of patients at the first visit, it has been necessary to restrict the number of new patients coming to the department. When necessary, we have turned away those living outside of Suffolk County. The increased number of visits of old patients seems to us evidence

that the patients have liked the appointment system, and have returned to the department more regularly owing to the fact that, with a definite appointment, they were sure to be promptly seen, and which is not the case in a busy department conducted by any other method.

We believe the successful operation of the appointment system to be the beginning of more efficient out-patient work. In succeeding years we may expect better and better out-patient work until the patients ultimately will receive as much time of the physician as is necessary for complete study. At present, a patient, once admitted to the wards, receives the best thought of all on the service, from the clinical clerk (medical student), interne, resident, and staff physicians to the Chief of Service. We see no good reason why an out-patient, in the earlier stages of some disease which later requires his admission to the hospital, should not have the same careful study. From all points of view, it is most desirable, for it conserves the hospital bed, allows the patient to remain at home, saves his money, and perhaps, most important of all, the early diagnosis may lead to a course of treatment or the necessary advice to retard the disease or to cure the condition, thus restoring the patient to usefulness with the least expenditure of money.

To conduct an out-patient service in this manner will require a larger and better developed staff than we have at present. I am sure that there will be no lack of interest on the part of physicians. Their complaint here and elsewhere for years past has been, "We do not have time for careful work, the only kind we are interested in." The result of this feeling has been loss of interest in out-patient work and res-

ignations from the staff. Of course, fewer patients will be seen in any clinic, hence more clinics may be necessary or larger ones in a given hospital. Should we not move in this direction? How much more satisfactory to treat disease early than to spend time as we now do carefully studying so many cases on the wards which, when all the evidence is in, cannot be used to cure, but only alleviate. We discharge many patients knowing fully that sooner or later they will be readmitted with a more advanced state of the same disease.

During the year, preliminary plans have been studied covering our needs in the administration building, including a redesigned and enlarged X-ray Department, increased business space, offices, and a greater number of rooms for the resident staff. The Corporation has authorized completing the plans that estimates may be made of the cost of the addition. While we have sufficient clinical space in the Out-Door Department, an entrance to the department from Huntington Avenue is desirable. This would require building an addition to the street line which would also allow us to better provide for the administration needs, such as appointment office, admitting room, waiting room, social service department, and cashier.

JOSEPH B. HOWLAND,
Superintendent.

December 31, 1925.

Table I

Table of Medical and Surgical Diseases Reported in Terms of International Classification

January 1, 1925, to January 1, 1926

		Medical		Surgical		O. D. D.
		Disch.	Dead	Disch.	Dead	
	I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES					
1	Typhoid and paratyphoid fever	13	4	1	1	9
4	Malta fever	1	..	..	..	..
5	Malaria	..	..	1	..	3
7	Measles	3	..	..	..	4
8	Scarlet fever	1	..	..	..	2
11	Influenza	14	..	..	..	45
13	Mumps	..	..	..	..	1
21	Erysipelas	1	..	1	..	3
22	Acute poliomyelitis	1	..	..	..	2
23	Lethargic encephalitis	5	1	1	..	..
24	Meningitis	1	1	..	..	..
25	Other epidemic and endemic diseases	67	..	3	..	100
29	Tetanus	..	..	2	..	1
30	Mycoses	2	..	1	1	1
31	Tuberculosis of respiratory system	102	4	19	..	212
32	Tuberculosis of meninges	5	1	2	..	..
33	Tuberculosis of intestines and peritoneum	12	..	15	..	24
34	Tuberculosis of vertebral column	2	..	1	..	1
35	Tuberculosis of the joints	4	..	..	..	5
36	Tuberculosis of other organs	14	1	38	..	58
37	Disseminated tuberculosis	..	..	39	1	..
38	Syphilis (see also tabes dorsalis and general paralysis of the insane)	177	1	..	..	53
39	Soft chancre	3	..	..	..	5
40	Gonococcus infection	13	..	17	..	108
41	Purulent infection, septicemia	5	2	27	..	43

		Medical		Surgical		
		Disch.	Dead	Disch.	Dead	O. D. D.
	II. GENERAL DISEASES NOT INCLUDED ABOVE					
43	Cancer and other malignant tumors of the buccal cavity	..	..	5	1	3
44	Cancer and other malignant tumors of the stomach and liver	24	7	30	7	66
45	Cancer and other malignant tumors of the peritoneum, intestines and rectum	6	1	23	5	26
46	Cancer and other malignant tumors of the female genital organs	3	1	19	..	12
47	Cancer and other malignant tumors of the breast	3	..	25	..	27
48	Cancer and other malignant tumors of the skin	..	..	4	..	5
49	Cancer and other malignant tumors of other or unspecified organs	26	3	55	5	33
	Malignant tumors of nervous system (verified)	..	..	63	15	..
50	Benign tumors and tumors not returned as malignant (tumors of the female genital organs excepted)	4	..	2	..	3
51	Acute rheumatic fever	57	2	1	..	53
52	Chronic rheumatism, osteoarthritis, gout	8	..	2	..	15
53	Scurvy	2	..	..	..	1
54	Pellagra	2	..	..	..	..
56	Rickets	4	..	1	..	19
57	Diabetes mellitus	101	1	32	..	103
58	Anemia	86	6	17	..	27
59	Diseases of the pituitary gland	3	..	43	3	15
60	Diseases of the thyroid gland	63	1	36	1	102
62	Diseases of the thymus gland	..	..	..	..	4
63	Diseases of the adrenals (Addison's disease)	..	..	..	..	1
64	Diseases of the spleen	6	..	3	1	1
65	Leukemia and Hodgkin's disease	21	4	2	..	8
66	Alcoholism (acute or chronic)	8	..	..	..	12
67	Chronic poisoning by mineral substances	6	..	..	..	1
68	Chronic poisoning by organic substances	6	..	1	..	..
69	Other general diseases	42	2	20	1	174

		Medical		Surgical		O. D. D.
		Disch.	Dead	Disch.	Dead	
	III. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE					
70	Encephalitis (does not include encephalitis lethargica)	4	..	9	1	9
71	Meningitis (does not include meningitis specified as meningococcic, tuberculous, rheumatic, etc.)	2	2	8	..	14
72	Tabes dorsalis (locomotor ataxia)	14	..	4	..	9
73	Other diseases of the spinal cord	29	..	33	..	101
74	Cerebral hemorrhage, apoplexy	33	11	6	1	5
75	Paralysis without specified cause	16	..	8	..	10
76	General paralysis of the insane	5	..	4	..	7
77	Other forms of mental alienation	40	..	12	..	20
78	Epilepsy	13	..	21	..	35
79	Convulsions (non-puerperal) (5 years and over)	..	..	..	..	4
81	Chorea	17	1	..	..	27
82	Neuralgia and neuritis	18	..	62	..	66
84	Other diseases of the nervous system	89	..	30	..	298
	Tumors of nervous system (verified)	..	..	44	9	..
	Tumors of nervous system (unverified)	..	..	73	3	..
	Tumors of nervous system (suspect)	4	..	81	9	..
85	Diseases of the eye and annexa	57	..	9	..	48
86	Diseases of the ear and of the mastoid process	17	..	7	1	39
	IV. DISEASES OF THE CIRCULATORY SYSTEM					
87–90	Diseases of the heart	569	50	76	2	634
91 & 92	Diseases of the arteries	377	3	50	2	200
93	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.)	119	..	115	..	405
94	Diseases of the lymphatic system (lymphangitis, etc.)	3	..	27	..	42
95	Hemorrhage without specified cause	3	..	7	..	10
96	Other diseases of the circulatory system	324	1	48	..	406

		Medical		Surgical		
		Disch.	Dead	Disch.	Dead	O. D. D.
	V. DISEASES OF THE RESPIRATORY SYSTEM					
97	Diseases of the nasal fossae and their annexa	21	..	5	..	151
98	Diseases of the larynx	5	..	2	..	17
99	Bronchitis	68	1	15	..	229
100	Bronchopneumonia (including capillary bronchitis)	81	10	26	..	4
101	Pneumonia	43	18	6	..	5
102	Pleurisy	58	..	18	..	67
103	Congestion and hemorrhagic infarct of the lung	21	..	3	..	..
105	Asthma	40	1	1	..	258
106	Pulmonary emphysema	31	..	2	..	34
107	Other diseases of the respiratory system	10	1	8	..	8
	VI. DISEASES OF THE DIGESTIVE SYSTEM					
108	Diseases of the mouth and annexa	394	..	13	..	71
109	Diseases of the pharynx and tonsils	130	..	72	..	154
110	Diseases of the esophagus	4	..	3	..	2
111	Ulcer of the stomach and duodenum	72	..	44	3	137
112	Other diseases of the stomach (cancer excepted)	27	..	12	..	119
114	Diarrhea and enteritis (2 years and over)	31	..	8	1	19
115	Ankylostomiasis	1	..	1	.	..
116	Diseases due to intestinal parasites	3	..	..	..	6
117	Appendicitis and typhlitis	2	..	153	4	118
118	Hernia, intestinal obstruction	54	1	175	4	212
119	Other diseases of the intestines	58	..	80	1	534
121	Hydatid tumor of liver	1	..	..	..	..
122	Cirrhosis of liver	17	6	7	2	9
123	Cholelithiasis and cholecystitis	46	..	104	3	126
124	Other diseases of the liver	29	..	33	2	95
125	Diseases of the pancreas	..	..	3	1	2
126	Peritonitis without specified cause	10	..	12	1	10
127	Other diseases of digestive system (cancer and tuberculosis excepted)	..	..	1	..	2

		Medical		Surgical		O. D. D.
		Disch.	Dead	Disch.	Dead	
	VII. NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA					
128	Acute nephritis	13	..	1	..	..
129	Chronic nephritis	99	26	6	..	78
131	Other diseases of kidneys and annexa (diseases of the kidneys in pregnancy excepted)	30	1	68	3	57
132	Calculi of the urinary passages	7	..	66	3	78
133	Diseases of the bladder	20	1	21	..	97
134	Diseases of the urethra, urinary abscess, etc.	2	..	25	1	25
135	Diseases of the prostate	36	..	68	11	65
136	Non-venereal diseases of the male genital organs	7	..	32	1	55
137	Cysts and other benign tumors of the ovary	4	1	22	..	26
138	Salpingitis and pelvic abscess	3	..	70	..	139
139	Benign tumors of the uterus	14	..	58	..	8
140	Non-puerperal uterine hemorrhage	..	..	17	..	18
141	Other diseases of the female genital organs	37	..	172	..	567
142	Non-puerperal diseases of the breast (cancer excepted)	2	..	20	..	39
	VIII. THE PUERPERAL STATE					
143	Accidents of pregnancy	3	..	32	1	24
	Pregnancy normal	4	..	16	..	68
144	Puerperal hemorrhage	..	..	3	..	1
145	Other accidents of labor	1	..	1	..	..
150	Puerperal diseases of breast	..	..	1	..	1
	IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE					
151	Gangrene	4	..	5	1	155
152	Furuncle	6	..	26	2	36
153	Acute abscess	7	..	70	..	211
154	Other diseases of the skin and annexa	58	..	38	..	568
	X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION					
155	Diseases of the bones (tuberculosis excepted)	30	..	36	..	72
156	Diseases of the joints (tuberculosis and rheumatism excepted)	85	..	23	..	427
158	Other diseases of organs of locomotion	24	..	19	..	221

		Medical		Surgical		O. D. D.
		Disch.	Dead	Disch.	Dead	
	XI. MALFORMATIONS					
159	Congenital malformations	17	..	37	..	43
	XII. EARLY INFANCY					
	No cases	..	..	..	..	..
	XIII. OLD AGE					
164	Senility	8	..	1	..	6
	XIV. EXTERNAL CAUSES					
176	Poisoning by venomous animals	..	..	..	..	1
177	Other acute accidental poisonings (gas excepted)	10	1	..	..	7
179	Accidental burns (conflagration excepted)	1	..	3	..	67
181	Accidental absorption of irrespirable or poisonous gas	1	..	..	..	1
183	Accidental traumatism by firearms (weapons of war excepted)	..	..	1	..	..
184	Accidental traumatism by cutting or piercing instruments	..	..	11	..	133
185	Accidental traumatism by fall	3	..	91	7	221
187	Accidental traumatism by machines	..	..	7	1	2
188	Accidental traumatism by other crushing (vehicles, railways, landslides, etc.)	2	..	83	8	170
189	Injuries by animals (not poisoning)	..	..	..	..	26
192	Starvation	..	..	..	..	1
193	Excessive cold	..	..	..	..	4
194	Excessive heat	2	..	..	..	1
196	Other accidental electric shocks	..	..	..	..	1
201	Fracture (cause not specified)	..	..	1	..	1
202	Other external violence (cause specified)	..	..	25	2	1,265
203	Other external violence (cause not specified)	2	..	2	1	..
	XV. ILL-DEFINED DISEASES					
204	Sudden death	2	..	..	..	..
205	Diseases not specified or ill-defined	45	..	102	..	510
	No disease	1	..	14	..	226

Comparative Tables of Statistics

Table II

Hospital Wards and Single Rooms

	1925	1924
Patients in hospital first of year:		
Medical	86	80
Surgical	95	122
Total	181	202
Patients admitted during the year:		
Medical	1,968	2,312
Surgical	2,454	2,346
Total	4,422	4,658
Patients treated in hospital wards and private rooms during the year:		
Medical	2,054	2,392
Surgical	2,549	2,468
Total	4,603	4,860
Patients discharged during the year:		
Well	1,003	972
Improved	2,294	2,732
Unimproved	312	213
Untreated	499	493
Died	313	269
Total	4,421	4,679
Patients in hospital end of year:		
Medical	84	86
Surgical	98	95
Total	182	181

PETER BENT BRIGHAM HOSPITAL

	1925	1924
Total patients days' treatment:		
Paying patients	44,583	41,737
Part paying patients	12,919	13,997
Free patients	14,909	16,805
Total	72,411	72,539
Percentage:		
Paying patients	62−	58−
Part paying patients	18−	19+
Free patients	21−	23+
Total	100	100
Average patients per day:		
Paying patients	122+	114+
Part paying patients	35+	38+
Free patients	41−	46+
Total	198+	199−
Average time per patient in hospital	16+ days	16− days
Daily average cost per patient	$7.12−	$6.83−
Daily cost per capita for provisions for all persons supported	.48+	.46+
Patients were admitted as follows:		
Paying regular rate	2,971	2,940
Paying less than regular rate	536	753
Free	915	965
Total	4,422	4,658

Out-Door Department

Number of new cases treated	7,081	8,846
Medical	3,182	4,614
Surgical	3,634	3,969
Urological	265	263
Number of visits	60,291	59,336
Medical	30,220	32,940
Surgical	24,913	21,861
Urological	5,158	4,535

	1925	1924
Cost of maintenance of Out-Door Department	$33,753.42	$32,218.89
Daily average cost per patient	.56—	.54+

Ambulance

Ambulance calls during the year	675	700
Average calls per day	2—	2—
Mileage for patients	3,915	4,436
Other business	2,819	1,481
Total mileage	6,734	5,917

Table III

Year	Expenses	Receipts	Number of Patients admitted to Wards	Total Days' Treatment	Average Stay in Hospital	Average Cost per Day per House Patient	Daily Cost per Capita for Provisions per Day	Out-Door Department			
								Cost of Maintenance	New Cases treated	Visits	Average Cost per Visit
1913	$190,510.41	$36,571.58	1,370	25,157	20—days	$7.02—	$0.53—				
1914	256,423.25	69,251.23	2,843	49,295	17+ "	5.15+	.35—	$10,081.39	8,347	30,434	$0.33+
1915	269,913.46	88,651.55	3,417	60,242	18— "	4.48—	.33+	12,108.39	8,536	36,523	.33+
1916	308,413.81	116,519.00	3,712	65,291	18— "	4.72—	.35—	16,551.07	9,810	47,687	.35—
1917	324,777.80	138,512.48	3,674	65,129	18— "	4.93+	.40—	19,140.56	10,995	53,405	.36—
1918	321,547.28	154,026.47	4,025	66,669	17— "	4.81—	.44—	18,989.10	7,952	45,153	.43—
1919	377,253.15	193,741.63	4,282	65,546	15+ "	5.76—	.51—	20,557.07	7,631	49,972	.41+
1920	453,853.94	262,413.29	4,316	69,541	16+ "	6.53—	.59—	25,033.43	7,862	49,572	.50+
1921	483,921.52	301,918.05	4,315	68,556	16— "	7.06—	.47—	25,694.39	7,707	52,116	.49+
1922	492,676.00	325,667.28	4,685	70,695	15+ "	6.97—	.45+	28,157.67	8,111	58,014	.49—
1923	540,524.41	367,369.45	4,775	74,854	16— "	*6.64—	.47—	29,510.51	8,801	57,967	.51—
1924	535,531.70	354,083.78	4,658	72,539	16— "	*6.83—	.46+	32,218.89	8,846	59,336	.54+
1925	557,252.24	365,749.62	4,422	72,411	16+ "	*7.12—	.48+	33,753.42	7,081	60,291	.56—

* 1923, 1924 and 1925 do not include the cost of special nurses.

Table IV

Expense and Revenue Statement

Administration Expenses

	1925		1924	
Salaries, officers and clerks	$34,826.06		$31,634.48	
Office expenses	96.82		307.50	
Stationery, printing and postage	6,273.98		6,470.48	
Telephone and telegraph	7,599.02		7,210.96	
Liability insurance	2,960.47		973.74	
Miscellaneous	1,234.33		1,440.28	
Total administration expenses		$52,990.68		$48,037.44

Professional Care of Patients

Salaries and wages:				
Physicians and surgeons	$22,504.58		$21,703.66	
Superintendent of nurses and assistants	8,604.50		8,320.82	
Nurses	20,996.69		14,787.73	
Special nurses	41,927.05		40,357.48	
Orderlies	6,965.50		6,886.04	
Druggists	5,015.63		4,836.88	
Ward employees	8,932.66		8,505.52	
Clerks	14,292.94		13,028.97	
Instrument repairs	812.68		778.75	
		$130,052.23		$119,205.85
Training school:				
Salaries of instructors	$4,002.30		$3,325.27	
Supplies	4,788.14		7,526.24	
		8,790.44		10,851.51
Medical and surgical supplies:				
Apparatus and instruments	$3,115.25		$3,913.77	
Medical and surgical supplies	23,008.56		24,636.32	
Alcohol, liquors and wines	666.97		187.78	
		26,790.78		29,737.87
Amounts carried forward		$165,633.45		$159,795.23

		1925		1924
Amounts brought forward			$165,633.45	$159,795.23
Out-Door Department:				
Wages	$11,057.62		$9,406.19	
Supplies	12,010.54		10,978.53	
		23,068.16		20,384.72
X-ray service and photography:				
Salaries and wages	$13,766.06		$11,296.36	
Supplies	13,027.92		10,927.49	
		26,793.98		22,223.85
Library		895.52		800.00
Total professional care of patients' expenses		$216,391.11		$203,203.80

Department Expenses

Ambulance:				
Labor	$2,900.16		$2,738.64	
Supplies	1,152.19		2,757.53	
		$4,052.35		$5,496.17
Laboratories:				
Labor	$15,652.98		$15,877.84	
Supplies	5,355.36		6,049.78	
		21,008.34		21,927.62
Housekeeping:				
Labor	$31,006.91		$30,664.70	
Supplies	14,970.12		16,570.33	
		45,977.03		47.235.03
Kitchen:				
Labor	$14,555.93		$13,763.73	
Supplies	1,738.76		2,750.13	
		16,294.69		16,513.86
Laundry:				
Labor	$11,046.81		$11,897.64	
Supplies	2,367.38		2,988.61	
		13,414.19		14,886.25
Steward's Department:				
Labor	$3,847.50		$3,854.78	
Provisions:				
Bread	2,231.92		2,918.99	
Milk and cream	18,992.51		20,392.46	
Groceries	20,800.48		20,690.83	
Amounts carried forward	$45,872.41	$100,746.60	$47,857.06	$106,058.93

	1925		1924	
Amounts brought forward	$45,872.41	$100,746.60	$47,857.06	$106,058.93
Steward's Department — *Con.*				
Provisions — *Con.*				
Butter and eggs	14,718.23		13,696.76	
Fruit and vegetables	12,159.99		10,725.40	
Meat, poultry and fish	25,052.54		21,705.28	
		97,803.17		93,984.50
Total department expenses		$198,549.77		$200,043.43

General House and Property Expenses

	1925	1924
Electric Department	$4,401.22	$3,860.18
Heat, light and power	56,112.38	51,597.13
Fuel	11.00	.....
Gas	3,463.95	3,243.48
Ice	85.50	.....
Insurance	2,653.33	2,268.50
Water	3,438.24	2,487.03
Maintenance, real estate and buildings	11,924.17	13,453.62
Maintenance, machinery and tools	60.72	118.00
Plumbing and steam fitting	7,170.17	7,219.09
Total general house and property expenses	$89,320.68	$84,247.03

Expenses from Special Funds

Reynolds Scholarship Fund	$125.00	$125.00
Permanent Charity Fund	2,750.00	2,750.00
Social Service Fund	5,517.17	4,074.32
Diabetic Research Fund	603.00	985.75
Philip H. Gray Fund	7,732.48	7,968.30
Fiction Library Fund	.....	212.48
Total expenses from special funds	$16,727.65	$16,115.85

Corporation Expenses

Salaries, officers and clerks	$1,000.00	$1,000.00
Miscellaneous	440.00	.....
Total corporation expenses	$1,440.00	$1,000.00

SUMMARY

Expenses

	1925	1924
Total administration expenses	$52,990.68	$48,037.44
Total professional care of patients' expenses	216,391.11	203,203.80
Total department expenses	198,549.77	200,043.43
Total general house and property expenses	89,320.68	84,247.03
Total hospital expenses	$557,252.24	$535,531.70
Corporation expenses	1,440.00	1,000.00
	$558,692.24	$536,531.70
Capital expenses	1,924.74	4,854.75
	$560,616.98	$541,386.45
Special Funds:		
Reynolds Scholarship Fund	$125.00	$125.00
Permanent Charity Fund	2,750.00	2,750.00
Social Service Fund	5,517.17	4,074.32
Diabetic Research Fund	603.00	985.75
Gray Fund	7,732.48	7,968.30
Fiction Library Fund	.....	150.65
Grand Total	$577,344.63	$557,440.47

Revenue

		1925		1924
Administration receipts		$1,215.69		$1,976.77
Professional care of patients:				
Board of private room patients	$93,281.18		$87,658.78	
Board of ward pay patients	105,742.62		106,577.82	
Special nurses	51,581.88		48,659.05	
Out-Door Department	37,617.53		36,752.38	
Photography and X-ray	35,236.21		32,269.84	
Miscellaneous	30,007.81		26,895.93	
		353,467.23		338,813.80
Department receipts:				
Ambulance	$2,069.36		$1,704.26	
Miscellaneous	8,997.34		11,588.95	
		11,066.70		13,293.21
Total hospital receipts		$365,749.62		$354,083.78
Amounts carried forward		$365,749.62		$354,083.78

		1924		1925
Amounts brought forward		$365,749.62		$354,083.78
Cash from Treasurer:				
Current expenses	$192,942.62		$182,447.92	
Reynolds Scholarship Fund	125.00		125.00	
Permanent Charity Fund	2,750.00		2,750.00	
Social Service Fund	5,517.17		4,074.32	
Diabetic Research Fund	603.00		985.75	
Gray Fund	7,732.48		7,968.30	
Fiction Library Fund	.....		150.65	
Additional equipment:				
Out-Door Department	1,180.00		150.00	
Elevators	.....		1,130.00	
Ambulance	.....		1,885.00	
New buildings	154.84		1,689.75	
Fire extinguishers	589.90		.....	
		211,595.01		203,356.69
GRAND TOTAL		$577,344.63		$557,440.47

Statement of Stock on Hand

	1925	1924
Administration supplies . . .	$5,228.09	$5,916.50
Professional care of patients' supplies	16,476.99	13,503.26
Department supplies . . .	33,991.65	34,026.55
General house and property supplies	2,193.73	1,559.50
	$57,890.46	$55,005.81

Report of the Roentgenologist

The X-ray department of this hospital functions chiefly as a diagnostic section. There were ten times as many patients seen this year for diagnosis as there were for treatment, — 8,000 in the former class, 800 in the latter. In nearly all of the 8,000 there was a definite indication for the examination, — a decision to be made between two or more possible diseases, a diagnosis to be confirmed, a disease or an injury to be ruled out, or a known lesion to be demonstrated so that a positive exact record could be made, or that prognosis could be better estimated. In the remaining cases, the examination was made either for the benefit of the house staff, students or roentgen department, or for the purposes of original investigation. This group will be considered later; suffice it to say that where no benefit to the patient accrued from the examination, no charge was made. A large part of this diagnostic work belongs to the class where a disease or an injury is to be ruled out. As each film passes the final reading or interpretation, it is marked "positive" or "negative" to aid in clearing the files of negative cases when necessary. It is interesting to note that more than half of the films are recorded as "negative," — that is, no disease or injury has been demonstrated. At first glance this seems a waste of time, labor and material on all of these negative cases, but closer analysis reveals the real value of these examinations. In injuries, for example, an X-ray examination is practically mandatory where there is any possibility of fracture.

The compensation law, or rather the administrators thereof, leans very heavily upon actual visible proof rather than on an opinion, and the X-ray is usually the proof. If no fracture is demonstrable, the patient may be returned to productive work promptly and the employer or the insurance company may be saved thousands of dollars. Furthermore, it is much more humane to take a film of the injured part than it is to torture the patient trying to elicit the telltale crepitus. As a striking proof of this tendency, not a student in a certain fourth-year surgical section last year thought of "crepitus" in the diagnosis of a fracture. Similarly, it is rare that a day passes without two or three patients being examined, who, from their symptoms, *may* have pulmonary tuberculosis. The majority of such patients, when their films are carefully analyzed, can be assured that they do *not* have this prevalent disease. We say "assured" because careful analysis has shown that 97% of the cases of pulmonary tuberculosis can be accurately diagnosed by the X-ray examination if made by an experienced person. Even if the disease is known to exist, the X-ray films give a much more accurate demonstration of the extent of the process and its advance or retrogression than any other method does.

Unfortunately, as Dr. Christian has pointed out elsewhere, the group of "diagnoses to be confirmed" includes many of the carcinomas of the stomach. Usually the nature of the disease is evident by the time the patient presents himself, or by the time his physician thinks it advisable to have an X-ray examination. A few are picked up unexpectedly and a few are missed in the early stages. But here again, as Dr. Cheever's report shows, 97% of the carcinomas are located by X-ray examination and 94%

of them identified, so that the difficulty is rather one of educating the prospective patient than of deficiency in diagnostic ability. In this question it might be well to stress the fact that in our department the work is done as indicated by the patient's physician, and he is the one who holds, and rightly holds, the responsibility for the diagnosis of such lesions as early cancer of the stomach. We accept only patients who are referred to us in one of the above-mentioned classes for diagnosis. It is obvious, therefore, that the opportunity, to be grasped, must be offered. The question of a routine examination has been raised, but it is doubtful whether the value received would compensate for the expense incurred. In the last analysis, we must depend for the present upon the ability of the physician to select the proper cases for examination, balancing expediency and probabilities against possibilities.

The group of cases examined for instructive purposes as well as that for original investigation has been increasing. It is a relief from the recurring monotony of routine duty to branch off into experimental or original work, and in such a hospital as this, with its splendid facilities and close co-operation of the staff, it is rather a duty than a privilege to engage in such an attempt. This past year has seen more original work in this department than the preceding ones, largely due to the addition of a second house officer, through the courtesy of the trustees. As a result, the load of routine work has been shifted somewhat and a bit of time obtained in which to analyse and report certain groups of cases, or to carry on investigations in new lines. Several original reports have emanated from this department and others have received material as-

sistance. Perhaps the most important work has been that carried on in the investigation of the gall bladder by means of "Cholecystography," the test originated by Dr. Graham of Washington University, St. Louis. In collaboration with the Laboratory for Surgical Research in the Harvard Medical School, the preliminary investigations were made which have resulted in the acceptance of the test and its establishment upon a firm foundation in this hospital. Subsequently, physiological lines of investigation have been pursued by means of this test, and we have assisted members of the surgical service and the teaching staff of the medical school in other researches on the physiology of the gall bladder. As a clinical test this method is of great value, raising the percentage of accuracy in roentgen examination of the gall bladder from about 20% to 93%, as shown by 600 trials. A second report worthy of mention is that concerning the use of the X-ray during the operation for the removal of kidney stones. It has been proved feasible and practical to take an X-ray of the kidney during the operation, thereby insuring against leaving a stone or fragment of stone to act as the nucleus for more calculi. This procedure is carried out in every operation of such nature at present.

Compared with the diagnostic work, the therapeutic section has been minor in importance as well as in quantity. We are seldom able to cure a cancer by means of the X-rays, unless it is limited to the surface. Most of the therapeutic attempts are made upon malignant tumors, but they are done with the purpose of alleviating pain or of checking a growth, with little or no hope of a cure. It is gratifying, however, to see a larger percentage of the work being done in non-malignant diseases. The quantity of

this work could be increased materially if we had separate equipment and a special technician or nurse, as many cases have been refused or sent elsewhere because of lack of time available on the present machine. This will be remedied by the addition of a machine for therapy only, when the department is rebuilt next year.

It is a pleasure to record the fact that the trustees have voted to rebuild this department upon more efficient lines, adding convenience for the staff of the department and comfort for the patients, both of which have been somewhat lacking. It is distinctly not a pleasure to record the fact that the location is to be in the same dark and airless quarters, in definite contrast to the location of Roentgen departments in hospitals now being built. However, the change is accepted as a compromise between desirability and expediency, with the expectation of outgrowing the new quarters in five years, and the hope of getting into an entirely new department nearer the wards eventually.

The personnel has undergone several changes during the year. Dr. Phillips Edson left to take up practice in Pasadena, California, specializing in Roentgenology. He was succeeded by Dr. Jacob H. Vastine, a graduate of the University of Pennsylvania Medical School, who had his preliminary training in the Easton Hospital, Easton, Pennsylvania, and in general practice in Berwick, Pennsylvania. Dr. E. C. Vogt finished his service in the fall and is now resident in Roentgenology at the New Haven Hospital. He was succeeded by Dr. Kenneth K. Kinney, a graduate of the University of Iowa, whose preliminary training was obtained in the Seattle General Hospital, Seattle, Washington, and in gen-

eral practice in Beach, North Dakota. Mr. Armstrong, our technician, resigned and was replaced by Mr. Purvis, who had been on duty in the Out-Door Department for several years. Miss Hilda Riley, formerly a student here, has been added to our staff and divides her time between this department and cystoscopy.

In summary we are able to report a successful year from the administrative, clinical, technical and financial viewpoints; a continuance of the normal healthy growth, as shown by the table appended; the addition of a second house officer and the promotion of the Senior house officer to the status of assistant resident; the proposed alterations in the arrangement and structure of the department, and, through the courtesy of the trustees, a "brain-dusting" trip to the Roentgenological centers of Great Britain and France and to the First International Congress of Radiology.

ORIGINAL ARTICLES IN WHOLE OR IN PART FROM THE DEPARTMENT OF ROENTGENOLOGY

Roentgenological Aspects of Brain Tumors — Meningiomas. Am. Journ. Roentgenology and Rad. Th. Vol. 13, p. 1–12. M. C. Sosman, M.D. and Tracy Jackson Putnam, M.D.

The Oral Administration of Sodium Tetraiodophenolphthalein for Cholecystography. Surg., Gyn., and Obs. June, 1925, p. 847–851. Lester R. Whitaker, M.D., Gibbs Milliken, M.D., and Edward C. Vogt, M.D.

Renal Roentgenography During Operation. Surg., Gyn., and Obs. November, 1925, p. 682–685. M. C. Sosman, M.D.

A Consideration of Aneurysms of the Internal Carotid Artery and Tumours at the Base of the Brain. Brit. Journ. of Rad. (B. I. R. Section). December, 1925, p. 468–471. M. C. Sosman, M.D.

Clinical and Experimental Cholecystography. Am. Journ. Roentgenology and Rad. Th. Vol. 14, p. 495–503. M. C. Sosman, M.D., L. R. Whitaker, M. D. and P. J. Edson, M.D.

Tabulation of Data, Department of Roentgenology

Year	Ward Cases	O. D. D. Cases	Private	All Others	Totals	X-ray Treatments	Films taken	Dental Films	Alpine Lamp
1916	2,227	2,789	123	263	5,504	381	11,062	1,551	..
1917	1,950	2,006	87	164	4,608	257	8,756	2,202	..
1918	1,692	1,537	48	129	3,406	27	6,994	702	..
1919	2,511	2,812	143	136	5,600	43	11,067	2,200	..
1920	2,919	2,896	409	140	6,364	609	7,180	942	..
1921	3,076	3,038	579	195	6,888	739	11,404	1,850	..
1922	3,200	3,207	698	191	7,303	629	13,696	2,457	..
1923	3,702	2,835	960	210	7,707	764	14,144	2,506	467
1924	3,869	3,283	1,031	200	8,383	916	15,408	3,530	1,097
1925	3,948	3,479	1,163	228	8,818	809	18,366	2,905	1,487

MERRILL C. SOSMAN, M.D.,
Roentgenologist.

December 31, 1925.

Report of the School of Nursing

THE year ends with the following staff of graduate and student nurses:

Superintendent of Nurses	1
Assistant Superintendent of Nurses	1
Instructors	3
Supervisors	4
Night Supervisors	2
Graduate Nurse Anæsthetists	3
Pupil Anæsthetists	1
Graduate Head Nurses and Assistants in Departments	15
Masseuse	1
Student Nurses	89
Pupils in preliminary course	34
	154

Sixty-one students have entered during the year; 35 have graduated; 24 have withdrawn for various reasons; 1 has died.

Eight hundred letters of inquiry concerning the School have been received. This is the largest number in the history of the School. In spite of this number, and the ease with which candidates can be secured for the School, one of the most acute shortages of nurses has existed during the year. This is due to two reasons, — the large number of days of illness, — graduate nurses, 235; student nurses, 1,394; making a total of 1,629 days, — and the large number of losses from the School as indicated above. The services of graduate nurses totaling 1,237 days have been employed as substitute head nurses and for floor duty nursing in an attempt to, in part, make good the shortage.

The completion of the addition to the Nurses' Home provides more satisfactory living conditions than the School has had before, and we believe the health of the members of the School should be increased correspondingly during the coming year.

A knowledge of mental nursing is now a required subject in some states for examination for registration. Lecture courses and clinics must, therefore, be provided. For several years, our students have had the benefit of lecture courses given by the members of the staff of the Massachusetts Psychopathic Hospital. This year, through a drastic ruling of the Commissioner of Mental Diseases, those facilities have been withdrawn, and it has been necessary for us to secure a course of lectures on mental diseases in another way.

An affiliation for an elective course of three months in the care of those mentally sick has been arranged with the McLean Hospital, Waverley, Massachusetts, and this includes excellent lecture courses and clinics. The first two students to have the benefit of this affiliation entered there February first and remained for an additional month. Two other students had this course from October first to January first.

At the request of the Trustees of the Massachusetts Psychopathic Hospital, the Superintendent of Nurses of Psychopathic Hospital and of this hospital have together drawn up a tentative plan for possible affiliation between schools of nursing of general hospitals and the Massachusetts Psychopathic Hospital. At present, the living conditions and hours of duty at the Psychopathic Hospital are such as to make the general hospitals hesitate to send their students.

In June, Miss Emily Robson, representing a com-

mittee of the National League of Nursing Education, appointed to make a study of Nursing in Dispensaries, spent a week in our Out-Door Department. This was one of six dispensaries studied in an effort to determine what the nurse contributes to the dispensary and what the dispensary may contribute educationally to the student nurse. The report of this committee was made a part of the report of the Committee on Dispensary Development of New York, and was financed by that committee. It pointed out the need for a definite program of instruction and experience for the student nurse during her out-patient service, and recommended that hospital administrators, nurse educators, and physicians be urged to co-operate in enriching the out-patient experience of student nurses.

As the year closes, a study is being made, by Miss Carolyn Gray of New York, of the educational facilities in nursing in and around Boston. Simmons College is having difficulty in financing the course in Public Health Nursing offered jointly by the college and three of the schools of nursing in Boston, including this one. Before attempting to again collect funds for this program, it seemed wise to the authorities of Simmons College to determine whether the present plan is the best, or whether some more comprehensive program for the education of nurses may be undertaken. There is no doubt that the opportunity to secure preparation in public health nursing is an incentive to applicants for entrance here. Each year more students are asking for that experience.

Among the pleasant events of the year have been the visits of foreign women, who have come to visit the schools of nursing through the hospitality of the

Rockefeller Foundation. Among these visitors were Miss Beatrice Monk, Matron of the London Hospital, London, England; Miss Derbyshire, Matron of Kings College Hospital, London; and Miss Lloyd-Still, Matron of the Nightingale School, St. Thomas's Hospital, London.

Many changes have occurred in the nursing staff during the year. Isabel Dill, P. B. B. H., 1919, left the staff as surgical supervisor, in June, to go to St. Luke's Hospital, New Bedford, as practical nursing instructor. She was succeeded by Mary C. Gilmore, P. B. B. H., 1920, formerly night supervisor. Carolyn Upton, P. B. B. H., 1924, became night supervisor with Bernice Sinclair, P. B. B. H., 1924, as assistant night supervisor.

Early in the year it was decided to create a new position in the operating rooms, namely, instructor in operating room technique. Marion Batchelder, P. B. B. H., 1920, formerly supervisor of the operating rooms was assigned to this teaching position. Nellie V. Porter, P. B. B. H., 1919, was secured as operating room supervisor. Beatrice Perry, P. B. B. H., 1924, and Alice M. Comber, P. B. B. H., 1924, have left the operating room staff and have been succeeded by Olive Parks, P. B. B. H., 1924, and Helen Whipple, P. B. B. H., 1924.

Owing to the installation of the appointment system in the Out-Door Department, it was found that house officers were needed more constantly in that Department and therefore could give less time in the operating rooms to anæsthetizing, and so a third full-time nurse anæsthetist has been employed, the anæsthetist staff now being Helen K. Way, P. B. B. H., 1918; Louise I. Melanson, P. B. B. H., 1922; Mabel F. Keach, M. G. H., 1923.

Nadine Walker, P. B. B. H., 1922, has become head nurse on Ward F Main, and has been co-operating thoroughly with Miss Beal, medical supervisor, in an attempt to demonstrate the need and value of ward teaching.

The Superintendent of Nurses delivered graduation addresses at the schools of nursing of Salem Hospital, Salem, Massachusetts, May 19; Morton Hospital, Taunton, Massachusetts, October 16.

Graduation of the eleventh class from this School of Nursing occurred November 18, with Dr. Joseph B. Howland, Superintendent of the hospital, presiding. The address of the evening was made by Professor Roger B. Merriman of Harvard University. The Dr. John P. Reynolds Gold Medal was awarded to Carrie Eleanor Macfarlane. The John P. Reynolds Scholarship was awarded to Nellie Martha Cree, of the class of 1926, with an average of 94.8%.

CARRIE M. HALL, R.N.,
Superintendent of Nurses,
and Principal of School of Nursing.

DECEMBER 31, 1925.

IN MEMORIAM

Evelyn Desire Jetté

DIED JULY 24, 1925

EVELYN DESIRE JETTÉ, daughter of Mr. and Mrs. Joseph Y. Jetté, of Danielson, Connecticut, a student in this School of Nursing, died of myelogenous leukemia in this hospital, July 24, 1925, at the age of 20 years, 9 months, and 5 days.

She had been a member of the School for a year and a half and in that time had won the love of her classmates and the confidence of all. She had demonstrated ability of no mean order and bade fair to become a credit to herself, to her school, and to the profession she had chosen.

Her loss is keenly felt by all her hospital associates.

Report of the Social Service Department

THE major part of this report is devoted to the Cardiac Clinic as it is in this clinic that social work in our hospital has reached its fullest development. There is no doubt that medical social work finds its greatest usefulness in the special clinic such as the Cardiac Clinic, for in these clinics where a group of people with a common disease come to the hospital for an extended period of time, there is much opportunity for educational work. Perhaps this is the marvel of the modern hospital that it has acquired within its organization such a vital personal service. Certainly this is the keystone of our profession, a real and sustained interest in the patient.

What are some of the services the worker in our clinic can give to the patients?

She can make it possible for the patient to carry out the treatment prescribed by the doctor.

In case there are insurmountable difficulties to the carrying out of the treatment she can notify the doctor so that he may modify the treatment to suit conditions.

She will give the doctor accurate information about the home, the habits, and the life of the patient.

Since she is more or less constant in the clinic she has a stabilizing effect on the patient.

The social worker is in a way the friendly arm of the hospital reaching out into the home. She visits the family and assists in other social problems which she may find there — the welfare of the whole family is her aim.

On the wards medical social work has not yet reached a satisfactory development as it is used there more as a means of moving patients on and arranging for aftercare, a very worth-while service but not requiring highly specialized training. It seems evident then, since the worth of social work is so apparent in the special clinic, that its development should be directed towards these clinics.

Cardiac Clinic

As in previous years, the aim of the Cardiac Clinic is to treat only patients with cardiac valvular disease — cases of chorea or post rheumatic fever, with or without cardiac involvement. Since July 1st, several patients with a diagnosis of angina pectoris have been added to this group.

On July 1st Dr. Denny, who has had charge of the Cardiac Clinic ever since its beginning over eleven years ago, resigned and Dr. Levine has taken over the clinic in his stead. Dr. Denny had the confidence and affection of all the clinic members in a marked degree and his resignation has been felt by all as a real personal loss. We are fortunate, however, in the event of Dr. Denny's leaving in having Dr. Levine, who has had a wide experience with cardiac patients, assume charge of the clinic.

The social aspect of the treatment of the cardiac patients is as follows. In so far as is practicable all the homes of the younger members of the clinic are visited by the social worker and any desirable correction in living and sleeping conditions is discussed with the parents. The relationship between defective teeth, diseased tonsils and possible rheumatic fever and heart disease is carefully explained and

the importance of dry feet and warm shoes and stockings is invariably stressed. The question of the seriousness of common colds for a heart patient is pointed out and an effort is made to persuade the parents to keep the patients in bed as long as they have any temperature.

For the schoolboy or girl, there is always present the question of advisability of participating in gymnasium activities. The social worker must know the whole school situation of the patient — the number of stairs that must be climbed and the walking distance from home to school. School principals and teachers give ready and willing co-operation in adjusting school activities to the needs of the cardiac pupils.

In one instance a conference between the social worker and a high school principal brought about a complete rearrangement of a patient's studies so that instead of going over the stairs every forty minutes as originally planned, she is obliged to climb the stairs only once during the daily school session and is able to make all her necessary points. If some such plan could not have been carried out this patient would have been obliged to discontinue her schooling.

For the older group of boys and girls just entering work the problems are many and various. Suitable training for work is always considered whenever the patient's health, prognosis and social outlook warrant. The Division of Vocational Education, Rehabilitation Section, State House, has been most helpful in this direction. The social worker accompanies the patient to the State House and discusses with the Director of the Department the patient's working capacity in so far as his heart is concerned. Suggestions are made for training in the direction

where patient's interest seems most to lie with the hope that eventually the patient may be fitted into work which he may safely continue without undue strain of his heart capacity.

The boys and girls who have been out of school not longer than two years are referred to the Placement Bureau connected with the Boston Public Schools where a similar type of help and advice is given as to work or training for work. A considerable number of our older girls have been placed in industry through the Clearing House of the Women's Educational and Industrial Union. Their cardiac handicap is carefully discussed with the Clearing House Director and light work has been found for them in factories where patients can sit all day and where the system is not that of piecework, which might prove too exacting and exciting for a cardiac. Other positions such as that of addressing envelopes, simple clerical work in offices, bookkeeping and occasionally stenography are also found.

Several conferences have been held with the Employment Manager of Wentworth Institute regarding the training of special cardiac patients in pattern making and drafting. The Boston Trade School for Girls has had several of our cardiacs enrolled in their millinery and dressmaking classes. Two of our girls who were unable to take up work in regular industry have been sent to the Christopher Shop, formerly the James Marsh Jackson League and have thus been able to earn a small amount by doing weaving and other craft work. Another patient has been supplied through this agency with a small hand loom for use in her own home. This has been helpful in keeping up the patient's spirits and has in addition given her a little spending money. One of our car-

diac boys who presented a social problem was referred to the Judge Baker Foundation for advice and help in solving his personal difficulties. During the year, twenty-three of our boys and girls were referred for either work or training for work to the above agencies.

During the past summer thirty-four cardiac patients were sent into the country for either convalescent care or vacations. The gain in weight of these patients upon their return to the clinic was found to be from two to thirteen pounds.

Early in October Dr. Haven Emerson of New York asked the co-operation of the doctor and the social worker in the Cardiac Clinic in a study to be made of the possible communicability of acute rheumatic infection. Forty families were visited by the social worker, twenty of which were known to have had at least one member with a diagnosis of either potential or actual rheumatic heart disease. The other twenty families were to be used as controls and were selected with a diagnosis in which there was no question of heart trouble. Definite inquiries in each family were made as to the possible history among any of its members of acute rheumatic fever, chorea, acute tonsillitis, acute or chronic endocarditis. The general hygiene of the homes and sleeping arrangements of the patients was also considered.

As in illustration of the home problems arising in connection with a cardiac patient, the following instance is cited.

In November of this year a 14-year-old girl was examined in the Medical Clinic of the hospital and found to be in an extremely nervous condition and to have a disordered heart action. She was told to rest at home for a few days and return for further

examination later on. The following week a school visitor communicated with the Social Service Department requesting that a letter be sent the school principal as to the patient's ability to attend school. She stated the patient seemed reluctant to return to the clinic as requested. The social worker made a call at the home as soon as possible. The mother, a widow, told the following story.

The family had come to Boston from another state just one year ago. The present family consists of the mother, two sons aged 18 and 22 years and the patient. The sons were earning only $12 and $22 each and although the mother had rented one room in the tenement, their expenses were running ahead of their income. The rent was out of proportion and the corner upon which the house stood was a noisy one. Automobiles and trucks tore by unceasingly, flashing their headlights into the windows of their tenement on the first floor. The patient was often startled out of her night's sleep on this account.

The previous summer the patient had spent a month as nursemaid in the home of a family recommended to her mother. It developed that the patient was kept up late at night at her work and consequently returned to her mother in an extremely upset, nervous condition. The mother was very much worried about her and did not know which way to turn for help. There were no relatives or friends near by. The sons were fine, straightforward boys working out of doors at long hours in a lumber yard. The younger of the two expressed a wish to get into some other work that might eventually lead to higher wages. The mother had had considerable experience in the past ten years since her husband's death in nursing maternity cases. While she could

not now be away from home all the time, she was anxious to get an occasional case to help eke out the family income. There seemed to be at least four or five things needing the help of a social worker in this family situation.

1. To persuade the patient to return to see the doctor at the hospital.
2. To send her away into the country for a rest provided the doctor so approved.
3. To move the family to a better location.
4. To take up question of other work for the younger brother.
5. To look into present opportunities for occasional nursing work for mother.

Result. — The patient, a somewhat gentle, sweet-appearing girl, reported at the clinic and was advised by the doctor to have a month's rest in the country. This was at once arranged for and she went to Farrington Memorial for four weeks. She gained four pounds in weight, lost much of her nervousness and was able to return to school upon coming home. A tenement in a more quiet neighborhood was found for the family and they gave immediate notice to their landlord and moved into the new home within the next month. An appointment was made for the younger brother to interview an employment manager as to becoming a plumber's assistant, but in the meantime his employer raised his pay and urged his remaining with them. The social worker at the Boston Lying-In Hospital has agreed to help the mother towards some nursing opportunities later on.

The family has been visited by the social worker from this hospital and there now seems to be a real difference in the attitude of all. There is still need

for continued supervision and encouragement and the solving of the problems which may arise in the future.

Cases brought forward from January 1, 1925	200
New cases referred	65
Re-instated	6
Total membership during year	271
Closed during year	84
Present attendance January 1, 1926.	187
Total number of visits to clinic	598
Average number at clinic	11
Largest number at any one time	21
Smallest number at any one time	5

Of the sixty-five new cases referred (age division being made at 18 years) there were:
7 men, 19 women, 17 boys, 22 girls.

Referred from Medical O. D. D.	44
Referred from House Medical	16
Referred from Outside (other hospitals)	5

Luetic Clinic

The work assigned to this division falls into four parts: A. The work in the general medical. B. The work in the Luetic Clinic. C. The work connected with gonorrhea cases. D. That connected with unmarried pregnancy and other sex problems.

Total number of patients for 1925		477
Discharged		137
Reasons: Probably cured	18	
Left against advice	27	
Non-infectious but not cured	39	
Transferred to other clinics or local doctors	49	
Dead	2	
Diagnosis ruled out	2	

Number of patients now active, 340:

Men, 203	Women, 137
98 single	41 single
105 married	76 married
175 white	20 widowed
28 colored	116 white
	21 colored

New patients during the year, 136:

Men, 94	Women, 42

Total number of letters sent		811
First letters	372	
Second letters	104	
Third letters	81	
Special	254	
Reported to Board of Health:		
New patients		25
By name for having lapsed treatment		21
By number		27
Number of visits made to the clinic during the year		1,963
Total number of visits by men	1,131	
Total number of visits by women	832	

G. C. Clinic

Total number of patients		260
Discharged		97
Reasons: Non-infectious but not cured	37	
Transferred to other clinics or local doctors	40	
Cured	20	

Number of patients now active, 163:

Men, 132	Women, 31
84 single	18 single
48 married	13 married
121 white	29 white
11 colored	2 colored

New patients during the year, 90:
Men, 71 Women, 19

Total number of letters sent 342
Letter No. 1 of Board of Health . 243
Letter No. 2 of Board of Health . 99

Reported to Board of Health for lapse of treatment:
Men, 60 Women, 19
Reported by name 56
Reported by number 49

Carried forward from 1924, 74:
Men, 61 Women, 13

The social aspect of the treatment of patients in the Luetic Clinic is rather more difficult than in other clinics where there is no thought or association of criticism or undue apprehension because of the nature of the disease, the shutting off of certain social activities and the period of time which must be given to treatment with always the uncertainty of being cured.

The question of infection to the family and community must always be our first consideration, and although from an economic standpoint, the necessary intensive treatment in infectious cases does not always seem possible, no patient is allowed to leave the clinic until some definite arrangements about immediate treatment are made, either here or elsewhere.

The non-infectious patient is one of the greatest problems and the time element in treatment a great deterrent to faithful attendance. Many of these patients feel perfectly well and find it very hard to believe that if they dicontinue treatment they may eventually become helpless and a burden to their families and to society.

As much information as possible about living

conditions and the patient's conception of necessary hygiene is secured in the clinic and the co-operation gained in having other members of the family examined and treated if necessary.

Also there are problems presented by the unmarried pregnant woman with or without the attendant complication of a venereal infection. Cases of unmarried pregnant women are in the minority in this hospital, but such as do occur usually require a most carefully detailed planning and intensive effort.

In the general surgical service there have been 361 patients for whom some form of social service was rendered during the year 1925. This service varied according to the patient's need and ranged from simply providing convalescent care to intricate medical, family or financial situations often lasting over a period of months and requiring infinite time, patience, and the co-operation of outside agencies to carry out a constructive plan.

Brought forward from 1924	69
Referred during year	282
Re-instated	10
Steering	45
Follow-up	47
Calls	210

For the last fifteen months the surgical worker has given part of her time to the Goiter Clinic, a selected group of patients suffering with either too great, or too little activity of the thyroid gland. On the whole, the home conditions of this group were good and most of the patients could have gone on very comfortably but for the unexpected loss of income when the breadwinner, or the mother of the family — sometimes one and the same person — was forced to give up work for an indefinite period of time.

The problems in the general medical service include making arrangements for patients to be transferred to sanatoria, chronic hospitals, convalescent and nursing homes, or perhaps rest is arranged at home, a change of employment brought about, free milk or direct financial assistance arranged. We are deeply indebted to many agencies for their assistance in these matters. Sometimes it is merely personal service that is given for example in the case of a man ill with a chronic heart disease who through pride and misunderstanding had been estranged from his wife and grown children for a period of about four years. A reconciliation was brought about, the family agreeing to take the patient into their home upon discharge.

In December 1924 when the Diabetic Clinic was reorganized and its present worker placed there, a great many necessary secretarial duties were taken over by her in the routine of the clinic.

The chief social aspect of the treatment of diabetics seems to be one of educating the patient to the necessity of following the prescribed diet. This need is especially noticeable in the cases of the patients of foreign birth who seem prone to think that there should be a drug for each ill and are therefore somewhat bewildered at a treatment which does not include medicine.

Since the discovery of insulin which has prolonged the prognosis of diabetic patients indefinitely, the Diabetic Clinic has become very important to the community and consequently it would seem advisable to give more service to this clinic. In last year's report Dr. Christian wrote, "Diabetes is a combined medical, diabetic, and social problem. Experience shows that the successful treatment

depends on the continuous daily doing of the proper thing."

A letter from Dr. Fitz reads as follows: "Dear Miss Cheney: I feel that the hospital treatment of diabetes has become well organized and simplified. The future treatment depends on instruction of the patient and upon his ability to carry out his instructions at home. In order to help him, I think the idea of having a social worker who can investigate home conditions and help home education of the patient will be a great step in advance, and I am heartily in favor of your plan to improve our Diabetic Clinic along this line. Yours sincerely, Signed, Reginald Fitz, M.D."

There have been over two thousand patients, often including their families, who have been given sympathetic advice, follow-up or personal service.

Brought forward from last year	384
New patients referred	737
Patients re-instated	68

These new and reinstated patients were referred from:

	House	O. D. D.	Total
Medical Service	182	215	397
Surgical Service	155	131	286
Urological	27	–	27
Outside Agencies	–	–	95

Patients followed in the Luetic Clinic	477
Patients followed in the G. C. Clinic	260
Steering and follow-up service for Outside Agencies	270
Visits to homes of patients	842

The work of the Occupational Therapy Department last year was carried on by one worker. The major craft was basketry, which for the last few years has been used more and more. The patients find it

much easier to learn and by far the least taxing to the eyes.

The type of cases that received Occupational Therapy on the medical wards were nephritics, diabetics, patients with gastric ulcers, and cardiacs after their condition ceased to be critical. The cases on the surgical wards were general post-operatives as well as a few fractures.

Several patients continued to work after they were discharged from the hospital, and some of their articles were sold at the annual sale that was held in November under the auspices of the Social Service Committee. The proceeds from the Occupational Therapy table amounted to $81.00.

Number of patients receiving Occupational Therapy	166
Number of patients on medical wards	104
Number of patients on surgical wards	62

The Social Service Department of this hospital for the past four years has received students from the Simmons College School of Social Work for field work practice in connection with their training.

The Social Service Committee have given the same splendid service as in the past few years. Both financially and by their interest in the work of the department they have been of great assistance. The Committee had charge of the Christmas celebration in the wards of the hospital which was enjoyed by patients and members of the hospital staff alike. They also held a sale and luncheon at the hospital last November for the benefit of the Social Service and the Occupational Therapy Departments.

There has been one change in our staff. In October

Miss Louise Gillis accepted a position as social worker in the New England Hospital for Women and Children. Miss Kathleen Caulfield, a graduate of the New York School of Social Work, was engaged to take her place.

Again we take this opportunity to gratefully acknowledge the financial aid which the Permanent Charity Fund, Incorporated has given us the past seven years.

During the past year there has been the same spirit of friendliness and helpfulness throughout the hospital and the same generous co-operation from our friends in the community.

STAFF OF WORKERS

General Service — Asthma Clinic
ALICE M. CHENEY

Cardiac Clinic
THEKLA ANDREN
KATHERINE A. HOMANS (volunteer)

Surgical Service — Goiter Clinic
MINA M. BROWN

Medical Service — Diabetic Clinic
ELLEN L. TAYLOR

General Service — Luetic Clinic
KATHLEEN CAULFIELD (began October 19)
LOUISE GILLIS (resigned October 26)

Occupational Therapy
ANNA P. REVERE

Clerical Staff

AGNES F. DAY
EILEEN TRAVERS

Appointment Office, Out-Door Department

(Salaries paid by hospital and not included in Social Service Budget)

Mabel A. Lindsay
Dorothy Nattress (half time)
Marion Lyons (half time)

ALICE M. CHENEY,
Director Social Service Department.

Report of the Pathologist

THE figures for the Department are as follows:

Autopsies, Medical Service		113
Autopsies, Surgical Service		47
Autopsies, done outside for Surgical Service		1
Autopsies, Neurological Service		41
Autopsies, done outside for Neurological Service		1
Autopsy, not a Hospital Case		1
Total number of autopsies recorded		204
General autopsies recorded	170	
Neurological autopsies	41	
	211	
Recorded autopsies	211	
Cases counted twice	7	
Actual total	204	
Reports on Surgical Specimens		1,095
Reports on Neurological Specimens		140
Reports on Bacteriological Specimens		1,172
Guinea-pig Inoculations for suspected Tuberculosis		206
Total		2,613

There were 313 deaths in the hospital, 180 in the Medical Service, 102 in the Surgical Service and 41 in the Neurological Service. Twenty-four deaths, four medical and twenty surgical, were investigated by the Medical Examiner.

The percentage of autopsies for the year, after deducting the twenty-four cases taken over by the medical examiner, proves to be 70.7%. The per-

centage of autopsies for the various services, after making corrections for autopsies twice entered, is Medical, 64%; Surgical, 52%; Neurological, 80%.

The number and percentages of autopsies for all years are:

Year	No.	Per Cent.
1925	204	70.7
1924	177	70.0
1923	153	58.0
1922	174	68.0
1921	158	62.8
1920	155	58.2
1919	102	40.0
1918	145	40.0
1917	114	55.6
1916	113	49.5
1915	101	47.6
1913 and 1914	147	58.5

The number of surgical and bacteriological examinations made each year are:

Year	No.
1925	2,613
1924	2,819
1923	2,708
1922	2,391
1921	1,984
1920	1,826
1919	1,628
1918	2,224
1917	1,248
1916	1,140
1915	1,030
1914	847

The number of autopsies this past year is much larger than in any previous year. The percentage of autopsies in relation to the number of deaths is slightly above that of any previous year.

The fortnightly clinical-pathological conferences held for the staff of the hospital have been discontinued, because of low attendance. The reason is that members of the staff interested in post-mortem findings, and the number is large, have other opportunities for viewing the material and consulting with the laboratory staff.

The activities of the department for the year 1925 are well expressed by the comments in my report for 1924, as there has been no important change. While there is a small decrease in the number of surgical and bacteriological reports, the increase in the number of post-mortem examinations has considerably increased the burden of the technician.

Comparisons of the figures for 1917, when I assumed direction of the Pathological Department, with those of 1925 show almost an increase of 100% in the volume of routine work requiring the services of the histological technician. We are now barely able to meet the demands of the routine service even with occasional assistance from the Department of Pathology of the Medical School. The small list of publications from the hospital laboratory is largely due to this lack of technical service. An additional histological technician, or an assistant to our present technician, is an imperative necessity as an encouragement to the laboratory staff and the hospital staff as a whole in the undertaking of special studies.

This need of the department was mentioned in the report for the year 1923. In the report for 1924 the potential earning capacity of the department on the basis of services performed in behalf of private patients was pointed out. No further statement should be necessary in support of the request for an assistant technician.

Changes in the Pathological Staff in the last year are as follows:

Dr. Charles L. Connor succeeded Dr. Charles L. Brown as Resident Pathologist, July 1, 1925. Dr. Monroe J. Schlesinger succeeded Dr. Henry Pinkerton, July 1, 1925, and Dr. J. Stuart Rooney succeeded Dr. Harold Blosser, January 1, 1926, as Pathological House Officer.

Publications

The following articles have been published or completed during the past year:

Wolbach, S. Burt, and Howe, Percy R., The epithelial tissues in experimental Xerophthalmia. Proc. of the Soc. for Exp. Biol. & Med., 1925, XXII, pp. 402–403.

—— The effect of the scorbutic state upon the production and maintenance of intercellular substances. Proc. of the Soc. for Exp. Biol. & Medicine, 1925, XXII, pp. 400–402.

—— Tissue Changes Following Deprivation of Fat-Soluble A Vitamin. Jour. of Experimental Medicine, Dec. 1, 1925, Vol. XLII, No. 6, pp. 753–777.

—— Intercellular Substances in Experimental Scorbutus. Archives of Path. & Lab. Medicine, Vol. I, p. 1.

Connor, Charles L., Endothelial Myeloma, Ewing. Report of 52 Cases. Archives of Surgery. In Press.

Fried, Boris M., Leukæmia of the Central Nervous System. Archives of Pathology. In Press.

S. B. WOLBACH.

Report of the Surgeon-in-Chief

The Ambulatory Clinic. The appointment system for out-patients has now been in operation since July of 1923 — a sufficient length of time to justify some account of its workings. It was a foregone conclusion that a prearranged time-schedule of visits would be adaptable for the routine examination and treatment of medical cases. That it would be equally satisfactory for surgical cases, whose therapeutic needs and the time necessary to meet them could less easily be foretold, was less certain.

It was apprehended by some that the program would lessen the value of the clinic for teaching purposes, since a certain congregation of out-patients during the morning hours, when students are apportioned to all hospitals alike for instruction, was once thought to be advantageous. This consideration, however, is less important than it formerly might have been, for though the number of students in the school had been gradually increased, there are so many affiliated hospitals that the individuals comprising a section are now reduced to four; and since the teacher is entitled to make as many overlapping out-patient appointments as he desires during the student hours, his needs can easily be met.

The department, as may be recalled, has from the outset been conducted on lines differing from those of most hospitals. We imagined that better service to the neighboring community might be rendered if the clinic was kept in continual operation rather than for the short period of a few morning hours when such

clinics customarily lean upon the presence of certain physicians or surgeons to out-patients, appointed for this particular end.

The experiment was worth trying for sociological reasons if for none other, and it was anticipated that wage earners, housewives, and school children, for example, would take advantage of the opportunity to attend when not engaged in their daily tasks, and consequently that the work in the department would come to be spread over the day rather than concentrated in the supposedly less convenient morning hours.

Such an all-day programme was made possible by placing the clinic in charge of successive details of house officers, and it has always been looked upon by the better of them as the most profitable period of their term. Our house-officer appointments, as may be recalled, are for periods of sixteen months; and on the medical side the last four months are given over to out-patient work. The surgical house officers, on the other hand, regard the opportunities to improve their surgical technique in the operating room as the more essential part of their training, and because of the responsibilities entailed this is something which is best deferred to the last period of their house-officership. Consequently the clinic has been conducted by surgical house officers in rotation during their third rather than final period of four months service.

An arrangement of this sort could only be safeguarded in a hospital where there is a permanent group of residents who have passed beyond the house-officer grade, and who may be consulted by their juniors in an emergency; and, what is more, in a hospital so organized that many of the attending

physicians and surgeons confine their professional activities to the institution and so may be called upon for advice or to assume responsibility when the occasion demands. Indeed, the junior attending surgeon has for the past few years had his office in a room actually in the department, where he can supervise the third-year teaching and be available for consultation during the greater part of the day.

Theoretically, in an ambulatory clinic run on this basis it was the patient who independently made his own appointment with the understanding that he would secure reasonably prompt attention when he found it most convenient to report. Our original expectation, however, that the work would thus become automatically distributed, was not realized. What has become a fixed habit in the community is not easily dislodged, and experience soon made it apparent that the customary morning hours, however inconvenient, were favored by the majority of patients, few of whom took advantage of the fact that they might find the benches less full at other times. To be sure, the two house officers in charge have always made it a point to have certain patients report by appointment for special dressings or examinations at some hour of the day or evening convenient for both parties and when there was likely to be no rush of cases. But this is something different from the appointment system under discussion.

If one may judge from the records of attendance kept by Miss Macaulay, who, since March, 1913, when the department was moved to the present building from its temporary quarters in the Medical School, has occupied the trusted position as differentiator of patients, the occasional improvements in equipment and the enlarged space provided a few

years ago have served to affect the annual number of patients scarcely at all. Nor does the plotted chart of new and old cases kept by Miss Weston, the supervising nurse, show any significant change from year to year in the admissions during the past decade. This has been true of both medical and surgical out-patient clinics, which have remained of about the same size, the medical clinic on the whole having tended to be a little larger than the surgical clinic until the institution of the present régime. The chief fluctuations in the chart appear in the month-to-month average attendance of old patients, and are dependent on such factors as the chance popularity or industry of the two house officers; for some men, who have special interest or feel anxiety about the condition of wounds or dressings, have their patients report more often for observation than do others. Still, as the house officers change every four months and the figures are those for the year, this can hardly have much influence on the annual totals.

Although it is perhaps too soon to speak definitely of its effects, a comparison of the 1924 and 1925 figures indicates that there has been more than a chance falling-off in the number of new cases admitted under the present system. This seems to have affected the medical much more than the surgical service, the former showing a drop for the year of 1,432 cases, and the latter, including the urological service, of 333 cases. The medical clinic has also dropped off considerably (1,317 cases) in the number of old cases returning to report, whereas the total number of return visits to the surgical department has unaccountably increased by 3,675. Another year or two of experience will show whether these figures are anything more than fortuitous.

But even though at best the clinic has remained small, and even though the appointment system may have served to reduce slightly the numbers, it has always been and continues to be ample for our purposes as a feeder for the wards and a satisfactory source of teaching material. Any uneasiness we may have had lest the new system would so far lessen the interest of the clinic that it would come to be looked upon by the rotating house officers in attendance as less desirable than formerly has been dispelled. It has proved popular, and the patients are unquestionably handled with less delay and loss of time than formerly.

The only "out" in the system so far as the surgical clinic is concerned lies in the fact that unexpected emergency or accident cases, to which the appointees must give way, serve at times to block the schedule. During the past year, for example, 1,771 emergency cases of one sort or another have been admitted, — cases which in the nature of things must be cared for without delay. To be sure, many of these more urgent cases are brought in during the hours not reserved for appointments; some of them also have injuries or maladies of such a character as to necessitate immediate admission to the hospital wards. But even so, it means that a variable number of emergencies, suitable for out-patient care, are brought in each day during the hours from 8.30 A.M. to 5 P.M. reserved for assignments. The situation could, of course, be met by having some one appointed to cover this particular work; but if the supervision of all out-patient emergencies were taken from the house officer so that his patients-by-appointment might not be obliged to wait, he would be deprived of an experience invaluable to him at this stage of his training.

The complexity of a finely spun hospital organization, even of one with such a simple pattern as ours, is such that the dislodgement of a single orderly, or nurse, or house officer from his accustomed duties may have far-reaching and unexpected effects. Should it be necessary to provide an extra man to cover the accident service a special room would have to be equipped for the purpose. Although provision was made in our original plans for an accident service, the space was never requisitioned by the department, and it is now irrevocably given over to the Dietitian and her thriving school whose needs could hardly have been foreseen at the time the hospital was constructed.

Our Plan of Hospital Organization. This, as outlined in other reports, is based on the simple principle that the two services, medical and surgical, represent the essential subdivisions for the care of hospital patients. Little attempt has been made to cover the many subsidiary clinical specialties other than to encourage certain junior members of the staff who showed inclination in one direction or another to follow their leanings; and from time to time to give over to capable individuals opportunities to develop themselves in a specialty, which, however, continued to lie within rather than to be separated from the major and underlying department.

On the surgical wards, for example, Dr. Quimby has long had full charge of the urological cases; the interests of Dr. Horrax, which are shared by the Surgeon-in-Chief, lie in neurological work; and Dr. Richards, who has been more recently appointed, confines himself to the maladies of the ear, nose and throat with their complications, which includes the enlarging field of bronchoscopy. Naturally, as their

work grows these special workers should come to have some supervision over the ambulatory patients in their particular domain, and the outdoor urological clinic accordingly has its own separate suite of rooms; the neurosurgical patients reporting to the department are seen by Dr. Horrax one morning in each week; and Dr. Richards may come to revive the nose-and-throat clinic for out-patients which was abandoned when Dr. Clifford Walker gave up his position here to go into practice.

Provision might similarly be made for the countless other recognized surgical specialties, and individuals capable of making advances in any of these subjects and desirous of attaching themselves intimately to our group would be welcomed. But it is the man who makes the position, not the position the man. And in a community where there are separate hospitals which cover most of the specialties in the field of surgery, — hospitals, moreover, which are in affiliation with the Medical School, — it is much better for us for the time being to take advantage of this fact and to refer cases elsewhere either for consultation or treatment when we feel that they would be given better attention by so doing, rather than to attempt to build up within our own doors an organization comprising experts in every conceivable field. A wise administration enlarges its existing departments or provides for new ones to meet the growing needs and promise of productivity of the individuals in sight.

When a single hospital is the teaching agency for a given medical school, it must necessarily appoint individuals to cover all of the subsidiary medical and surgical specialties. But, too often, as a specialty develops it comes, even under these cir-

cumstances, to have its own separate organization, ultimately its own separate quarters, and in time tends to become isolated from the primary subject whence it has sprung, to the detriment of both. A specialty which thus loses contact with its major department is apt in the long run to become narrow and unproductive.

Enlarging the Scope of Out-patient Work. There is a general tendency in the teaching hospitals throughout the country to make much more of their out-patient departments than has heretofore been done. The drift is in two directions, one affecting the school curriculum, the other, the entire hospital organization as we are now familiar with it.

In certain schools the customary curricular programme, in accordance with which the third-year students get their first intimate contact with patients in the ambulatory clinic, and only come to serve in the wards as clinical clerks and dressers during their senior year, has been completely reversed. There has long been a tendency in this direction at Harvard, and at Yale the plan has been put in full operation.

The main reason given for this about-face is that the student on the old basis is apt to acquire offhand, hurried, and perhaps careless methods of history-taking, and to get into the habit of making the snapshot diagnoses essential to the rapid turnover of a large out-patient clinic. It is believed, in short, that students who have first served in the wards and learned to take the careful histories and to make the detailed examinations which are expected and possible in the care of in-patients, will tend to carry these good habits to the ambulatory clinic, which more nearly resembles the office practice the majority of them will shortly come to conduct.

The principle is essentially sound, and in some of the Canadian schools, as at Toronto, has long been acted upon. Its adoption in this country by one or two of the newly organized schools will consequently be watched with interest by those in long-established institutions where such a turnover, if abruptly made, would completely disrupt the complicated curricular arrangements whereby students have come to be apportioned in small sections to several hospitals during their two clinical years. Even as matters now stand with us, adjustments in this direction are under way in the individual hospitals, the fourth-year student group in medicine having come to spend certain days of the week in the Out-patient Department rather than to work solely in the wards.

This same movement has been put into effect by the surgical department of one or two hospitals in other communities with whose workings I am familiar, much of the preliminary history-taking with the detailed physical examination now conducted in the wards by fourth-year clinical clerks and house officers being done by these same people in the dispensary, so that the patient can be operated upon without the customary delays after he comes to occupy a bed. This shortens the period of hospitalization and consequently increases the number of beds available. This programme, is, of course, only applicable to patients with surgical conditions which are not urgent, but even when so limited it indicates a change in the relations hitherto held between out-patient and in-patient departments, for it would be a natural corollary of such a system that the history should follow the patient to the ward, and the same record serve for both departments.

A Single-record System. We have from time to time considered the advisability of establishing the single-record system for a given patient as already introduced and highly recommended by certain hospitals as a labor-saving device. Dissatisfied as we are with our out-patient records as they stand, we have decided against the system of a combined record for both in-patients and out-patients for a variety of reasons. Many out-patients have such trifling maladies that a full history is needless and a waste of time. A conscientious ward officer, moreover, if he wishes really to get *en rapport* with his patient, will wish to — and should be encouraged to — take an independent history of the case and make his own physical examination even though it merely means a repetition of a complete story previously elicited. This, if we are to preserve a proper doctor-and-patient relationship, is no less important when a patient is readmitted and finds a new house officer in charge who is unfamiliar with what has gone before. Otherwise hospital patients become so much material rather than so many individuals. A personal relationship is to be cultivated at all costs, and the casual perusal of a patient's former history with the addition of a few interval notes is not the proper way to familiarize oneself with his or her complaints, condition and mentality.

Ward records if taken in detail thus become too voluminous for the everyday purposes of our out-patient clinic, though as matters stand they are, of course, available if necessary. With their many charts, photographs, laboratory slips and so on, appended, if subsequently bandied about too much by students in an out-patient department, these valuable case-histories, as experience elsewhere has

shown, soon become dog-eared and worn out. The more long-drawn-out and important the case the more likely is this to occur. Moreover, the space required for filing single case-records in sufficiently durable individual folders is almost double that required when they are permanently bound in series.

There are, on the other hand, many drawbacks to having a series of case histories chronologically bound together. This I can vouch for from an experience Dr. Bailey and I had the past summer in having to handle and transport for purposes of reference the 500 or more heavy volumes of surgical records then in our stacks. Nevertheless, I believe that the system we have adopted of binding in heavy canvas covers 30 or 40 histories in a batch at the completion of a two-year period when an "end-result" note is added, has for our purposes fewer disadvantages on the whole than the single-record system.

The latter, it is true, is advocated for reasons of economy, if for no other, but we must not lose sight of the fact that a teaching institution from a business standpoint is uneconomical, and that many expenditures such as those caused by the repetition of case-histories may be merely a necessary part of an instructional programme.

Institutional Growth. If our sole aim is to put more patients through the mill, to increase our number of hospital admissions, and to get the numerical utmost out of the machine, it would be highly desirable to have as many cases as possible thoroughly worked up before they come to occupy a ward bed, and to have them operated upon with promptitude thereafter. But this would unquestionably mean an enlargement of the staff, for as things stand the

burden of work on the department is about all that should be put upon it, and even now seriously cramps its effectiveness in other no less important directions. The table on page 90 will show a constant increment in the number of patients in the surgical wards, even though the number of beds and the size of the junior staff has from the outset remained practically unchanged. The traffic some day will have increased beyond our capacity to handle it properly, and this will necessitate adjustments all along the line — more supplies, more service, more living room, more funds.

As with a railroad, the mere addition of a few more trains fails in time to meet the situation. New and bigger engines to pull heavier loads must be provided. These demand a new road-bed and higher bridges; the elimination of grade crossings and curves. Ere long the whole process must be repeated when the haul grows still heavier, and of this there is no end. So it is with other institutions which serve the public, and which cannot afford to permit the traffic to outgrow the service. And though hospitals doubtless belong in this category, they have, or should have, other objects than mere business, the routine of which may become so excessive as to stifle productivity. Quantity production is well enough in its way, but there are other things far more important for the reputation of a hospital then the numerical turnover of its patients.

No one, so far as I am aware, has seriously considered what may be for all purposes the most effective size and the most effective organization for a hospital; whether it is not wise to curb the present tendency for mere physical enlargement; whether more hospital units would not be better for a com-

munity than a few which become unduly cumbersome. What seems to happen in time in the larger institutions is this. A modern medical clinic comes to acquire a series of sub-departments to cover physiology, pathology, chemistry and serology, each in their own special laboratories, and there is no inherent reason why a sub-department of surgery should not be provided to care for this end of therapeutics. A surgical department, likewise, must have its experimental, pathological and clinical subdivisions as well as sub-departments to cover the specialties which in their turn grow so large that they tend, through a process of mitosis, to separate off as independent units, each of them in want of their own special laboratories, libraries and subdivisions — veritable medical schools in themselves.

If growth is permitted without curtailment, there is absolutely no end to this, and the physical side of the institution grows apace — sky-scrapers for outpatients, sky-scrapers for in-patients, laboratories of dimensions such as to swamp by the very duties of administration the unfortunate and once productive person who comes to be put in charge. Under these circumstances so large becomes the community of persons engaged they hardly know one another, much less one another's problems, instead of forming a group of actual co-workers. The statement is commonly made, on the other hand, that an institution which ceases to grow retrogrades — that there is no such thing as standing still. But there is something more than mere physical growth to be considered, and hospitals may become so Gargantuan and unwieldy that their intellectual life and scholarly productivity may suffer thereby.

Whether these impressions have any actual basis

in fact is, of course, debatable. One hospital, in the natural course of things, differs enormously in its institutional personality from another. But it may at least be said that a hospital of a size suitable for undivided services favors the intimate interdepartmental relations that make it possible for pathologist, roentgenologist, physician and surgeon to work in close and effective harmony. That such a fortunate relationship prevails here the subjoined list of publications bears testimony, for the combinations of authors and the subjects of the papers show a representation of men and matter which overlaps all four departments.

Publications for the Year 1925

Alpers, Bernard J. A study of the ventricular fluids in cases of brain tumor. Am. J. Psychiat., Jan., 1925, IV, 509–519.

Bailey, Percival. Sur un cas de myokymie. Rev. neurol., Jan., 1925, XXXII, 41–44.

—— The results of Roentgen therapy on brain tumors. Am. J. Roentgenol., Jan., 1925, XIII, 48–53.

—— Quelques nouveaux observations de tumeurs épendymaires. Ann. d'Anat. path. méd.-chir., Nov., 1925, X, 481–512.

Bailey, Percival, and Cushing, Harvey. Microchemical color reactions as an aid to the identification and classification of brain tumors. Proc. Nat. Acad. Sc., Jan., 1925, XI, 82–84.

—— Medulloblastoma cerebelli: a common type of midcerebellar glioma of childhood. Arch. Neurol. & Psychiat., Aug., 1925, XIV, 192–223.

Bailey, Percival, and Davidoff, Leo M. Concerning the microscopic structure of the hypophysis cerebri in acromegaly. Am. J. Path., March, 1925, I, 185–207.

Beck, Claude S., and Moore, Richmond L. The significance of the pericardium in relation to surgery of the heart. Arch. Surg., Oct., 1925, XI, 550–577.

Belt, A. Elmer, and Joelson, James J. The effect of ligation of branches of the renal artery. Arch. Surg., Jan., 1925, X, 117–149.

Boyd, Douglas. Echinococcus cyst of the spleen. Boston M. & S. J., Sept. 24, 1925, CXCIII, 591–593.

Cheever, David. The physician as custodian of the health of the people: but who shall guard the custodian himself? Boston M. & S. J., June 11, 1925, CXCII, 1143–1151.

Colby, Fletcher H. Bladder involvement in diverticulitis of the sigmoid. Boston, M. & S. J., Jan. 1, 1925, CXCII, 4–8.

—— Embryonic rests of the urinary bladder. Surg., Gynec. & Obst., April, 1925, XL, 528–530.

Cushing, Harvey. "Experimentum periculosum; judicium difficile." An address at the dedication of the new Yale School of Medicine. Science, Apr. 10, 1925, LXI, 373–379.

—— Foreword to M. H. Spielmann's "Iconography of Andreas Vesalius." John Bale, Sons & Danielsson, Ltd., Lond., 1925.

—— Introduction to facsimile edition of Canano's "Musculorum . . . dissectio." R. Lier & Co., Florence, 1925.

—— The third circulation and its channels. Lancet, Lond., Oct. 24, 1925, CCIX, 851–857.

—— The pituitary gland as now known. Lancet, Lond., Oct. 31, 1925, CCIX, 899–906.

—— Intracranial tumours and the surgeon. Lancet, Lond., Nov. 7, 1925, CCIX, 956–962.

—— The Life of Sir William Osler. The Clarendon Press, Oxford. 2 vols. 1925.

Cutler, Elliott C. Traitement chirurgical des affections chroniques des valvules cardiaques. Arch. Franco-Belges de Chir., mai 1925, XXVIII, 376–393.

Davis, Loyal E. Decerebrate rigidity in man. Arch. Neurol. & Psychiat., May, 1925, XIII, 569–579.

Davis, Loyal E., and Cushing, Harvey. Experiences with blood replacement during or after major intracranial operations. Surg., Gynec. & Obst., Mar., 1925, XL, 310–322.

Davis, Loyal E., and Cushing, Harvey. Papillomas of the choroid plexus, with the report of six cases. Arch. Neurol. & Psychiat., June, 1925, XIII, 681–710.

Dott, Norman M., and Bailey, Percival. Hypophysial adenomata. With a prefatory note by Harvey Cushing. Brit. J. Surg., Oct., 1925, XIII, 314–366.

Fried, Boris M. Sarcomatosis of the brain. Arch. Neurol. & Psychiat., Oct., 1925, XIV, 563–564.

Graves, Roger C., and Davidoff, Leo M. III. Studies on the bladder and ureters with especial reference to regurgitation of the vesical contents. Regurgitation as observed in cats and dogs. J. Urol., July, 1925, XIV, 1–17.

Greene, Theodore C. Gastric and duodenal ulcer variously treated. Boston M. & S. J., June 18, 1925, CXCII, 1207–1210.

Homans, John. Operative treatment of varicose ulcer. Boston M. & S. J., Feb. 26, 1925, CXCII, 379–384.

—— The diagnosis of diseases of the biliary passages. J. Maine M. Ass., Mar., 1925, XVI, 39–48.

—— The early diagnosis of cancer of the large bowel. Boston M. & S. J., Apr. 9, 1925, CXCII, 695–704.

—— Treatment of uterine prolapse and rectocele by closure of the pouch of Douglas. Ann. Surg., Sept., 1925, LXXXII, 501–508.

Horrax, Gilbert. The significance of papilledema to the neurological surgeon. Arch. Ophthal., Mar., 1925, LIV, 130–141.

Horrax, Gilbert, and Bailey, Percival. Tumors of the pineal body. Arch. Neurol. & Psychiat., Apr., 1925, XIII, 423–467.

Milliken, Gibbs, and Whitaker, Lester R. The clinical use of sodium tetraiodophenolphthalein in cholecystography. Surg., Gynec. & Obst., May, 1925, XL, 646–653.

Moore, Richmond L. Congenital deficiency of the pericardium. Arch. Surg., Nov., 1925, XI, 765–777.

Newton, Francis C., and Levine, Samuel A. The selection of patients with angina pectoris for sympathectomy; with a report of additional cases. Am. Heart J., October, 1925, I, 41–61.

PUTNAM, TRACY JACKSON. Chronic subdural hematoma: its pathology, its relation to pachymeningitis hemorrhagica and its surgical treatment. With a prefatory note by Harvey Cushing. Arch. Surg., Sept., 1925, XI, 329–393.

PUTNAM, TRACY JACKSON, and SOSMAN, MERRILL C. Roentgenological aspects of brain tumors — meningiomas. Am. J. Roentgenol., Jan., 1925, XIII, 1–10.

QUINBY, W. C. Nature of the contents of solitary cysts of the kidney. Boston M. & S. J., March 12, 1925, CXCII, 472–475.

—— Teaching of urology to internes. J. Am. M. Ass., Aug. 22, 1925, LXXXV, 558–559.

—— End results in renal infections. J. Urol., Sept., 1925, XIV, 223–229.

RICHARDS, LYMAN. A year of endoscopy. Boston M. & S. J., Oct. 22, 1925, CXCIII, 761–768.

SCHÖNBAUER, LEOPOLD. Zur Diagnostik und Indikitionsstellung der Tumoren des Grosshirns und des Kleinhirns. Mitt. a. d. Grenzgeb. d. Med. u. Chir., 1925, Band 38, 516–524.

—— Zur operativen Technik der Hirntumoren. Deutsche Ztsch. f. Chir., 1925, CXCI, 343–352.

SCHÖNBAUER, L., and WHITAKER, L. R. Experimentelle Untersuchungen über den Einfluss des vegetativen Nervensystems auf die Wundheilung, unter besonderer Berücksichtigung traumatischer Magenläsionen. Mitt. a. d. Grenzgeb. d. Med. u. Chir., 1925, Band 38, 500–508.

—— Experimentelle Untersuchungen über den Einfluss des vegatitiven Nervensystems auf die Funktion experimentell geschädigter Niernen. Wien. klin. Wchnschr., 1925, XXXVIII, nr. 22, 580–582.

SCOTT, W. J. M. Postoperative massive collapse of the lung. Arch. Surg., Jan., 1925, X, 73–116.

SPURLING, Roy G., and LAURENCE, JOHN S. Direct effect of radium irradiation of leukocytes. Am. J. Med. Sc., Feb., 1925, CLXIX, 157–160.

SPURLING, R. G., and MADDOCK, C. L. The cerebrospinal fluid in tumor of the brain. Arch. Neurol. & Psychiat., July, 1925, XIV, 54–63.

STATER, WAYNE J., and PRINDLE, KIRK H. The effect of anesthesia on the kidney. Northwest Med., March, 1925, XXIV, 132–136.

VAN DESSEL, ARTHUR. L'incidence et le processus de calcification dans les gliomes du cerveau. Arch. Franco-Belges, Oct. 1925, xxviii, 845–874.

WHITAKER, LESTER R. A case of chronic tuberculous meningitis simulating brain tumor. Am. Rev. Tuberc., May, 1925, XI, 175–183.

WHITAKER, LESTER R., and MILLIKEN, GIBBS. A comparison of sodium tetrabromphenolphthalein with sodium tetraiodophenolphthalein in gall-bladder radiography. Surg., Gynec. & Obst., Jan., 1925, XL, 17–23.

WHITAKER, LESTER R., MILLIKEN, GIBBS, and VOGT, EDWARD C. The oral administration of sodium tetraiodophenolphthalein for cholecystography. Surg., Gynec. & Obst., June, 1925, XL, 847–851.

WHITAKER, L. R., SOSMAN, M. C., and EDSON, P. J. Clinical and experimental cholecystography. Am. J. Roentgenol., Dec., 1925, XIV, 495–503.

THE STAFF AND ITS CHANGES IN PERSONNEL. There happily are no resignations to record on the senior staff for though one of the junior attending surgeons was offered a professorial position in another school, we have fortunately been able to retain his services here. Dr. Percival Bailey, one of the Associates in Surgery, has been the only absentee. He is spending the academic year in the service of Prof. Henri Claude as an *Assistant Étranger* in the hospital of Ste. Anne in Paris.

Dr. Harlan F. Newton has continued for a second year in the responsible post of Resident Surgeon, so that the only changes in the resident staff have been in the assistant-resident grades. Dr. Roy G. Spurling, who had succeeded Dr. Horace P. Stimson on the latter's departure to accompany a scientific expedition to Mongolia, was induced after a short

term to accept a position as Resident Surgeon in the Louisville City Hospital connected with the University of Louisville. The position was filled by Dr. Lester R. Whitaker, on the completion of his Arthur Tracy Cabot Fellowship. Dr. Clare E. Bird, after a year in the Surgical Laboratory of the Yale Medical School following his house-officership here, succeeded Dr. Richmond L. Moore on the latter's departure in July to accept a position as Assistant Resident Physician in the Hospital of the Rockefeller Institute.

In October, Dr. Leo M. Davidoff on his return from accompanying the MacMillan Expedition to the Arctic, succeeded Dr. W. P. Van Wagenen as the Assistant Resident in charge of the neurological cases. Dr. Charles E. Teel of Washington University followed Dr. Harold H. Gile as Dr. Quinby's Assistant Resident on the latter's departure in the autumn to occupy a position in the Urological Department of the Presbyterian Hospital in New York. Dr. Tracy J. Putnam after a year abroad as a Moseley Travelling Fellow, his time having been spent largely in research work with Prof. B. Brouwer of Amsterdam, returned to succeed Dr. Whitaker as Arthur Tracy Cabot Fellow in charge of the Laboratory of Experimental Surgery in the School.

We continue to have a small number of voluntary assistants on the staff, whose interests lie chiefly in the field of neurosurgery. At the end of a year's sojourn Dr. Arthur Van Dessel, holder of one of the C. R. B. Educational Foundation Fellowships, returned to Belgium, and Dr. Jean Morelle of the University of Louvain, holder of another of these fellowships, came here in September to occupy the same position. Dr. Francis C. Grant, a member of the surgical staff

in the University of Pennsylvania, has also paid us the compliment of spending the school year here at work in the wards and laboratory.

Surgeon-in-Chief Pro Tempore. This position was filled from April 26 to May 3 by Dr. Evarts A. Graham, Professor of Surgery at Washington University Medical School. The Brigham Hospital has for long had close ties with the Barnes Hospital, of which institution Dr. Graham is Surgeon-in-Chief. The two hospitals are practically the same age, are of about the same size, and have a very similar organization. Both are in immediate juxtaposition to a medical school, the one officially recognized as a university hospital and the other tacitly functioning as such. Dr. Graham has done most important investigative work in many directions, both in thoracic and abdominal surgery. He is an inspiring teacher, and our students no less than our house staff profited greatly by his sojourn with us. It has been a privilege to add his name to the list of our distinguished visitors.

Though it was not intended that these positions should necessarily represent exchange positions, it nevertheless is inevitable that proposals in this direction should be made. The writer a few years ago was invited to serve as *remplaçant* at St. Bartholomew's Hospital for Mr. Gask, and last autumn, doubtless on the instigation of Sir Harold Stiles, had a similar opportunity to familiarize himself with the surgical teaching at the University of Edinburgh. Unfortunately the peace of mind of the incumbent was seriously disturbed by a coincidental invitation to deliver a course of lectures on the Cameron Foundation, so that he had less opportunity to get an intimate glimpse of the inner workings of the

Edinburgh Royal Infirmary than he otherwise might have had.

No two institutions, of course, are or can be similarly organized, but there are many things they can learn from one another. The chance visitor, however, who may be shown around a hospital for a few days at a time never learns much about it. One must actually 'live-in' with the junior house staff for a period of a week or two; have certain responsibilities put upon him; and come to know his way about alone if he would actually acquire a first-hand knowledge of its methods of procedure.

Surgical Tabulations. In the Annual Report for 1915, page 49, it was estimated that with 110 surgical beds available and an average 17-day sojourn of our surgical patients we might, with every bed kept full, come to have a yearly turnover of some 2,310 patients. This matter was taken up again in the Report for 1922, page 64, where it was stated that with 125 (*sic*) beds we might "increase the number" to 2,275 patients a year with a 20-day average sojourn for a surgical patient, and that for every day that the average stay could be shortened we might increase the number of cases by 125 each year. The only obvious conclusion to be drawn from these two statements is that some one is exceedingly poor at figures. Nevertheless, I will try again.

It will be seen on consulting the Superintendent's Report that the average sojourn for patients in the hospital as a whole, both medical and surgical, during the past year was *circa* 16 days.* If, therefore, on

* The separate figures for the two services, as supplied by the Administrative Office for the 1922 Report, gave as the average length of patients' stay 20— days for a surgical patient and 12+ days for a medical patient. The figures for the past year show that the duration of the patients' sojourn has become more nearly approximate on the two services: 17+ days for a surgical case and 16— days for a medical case.

the 16-day basis each of the 220 beds (representing our estimated capacity in both public and private wards for the combined services) were continually full the hospital should be able to care for approximately 5,020 patients a year with 2,510 admissions for each service. This would be stretching our bed capacity to the utmost, without taking into consideration the fact that at certain times of the year the wards must be closed for renovation, and also that certain beds must always be kept vacant for possible emergencies.

Although in principle there is an equal division of the hospital beds between the medical and surgical services, the average period of hospitalization on the medical side is shorter than on the surgical side. In spite of this discrepancy, and contrary to what would be expected, the number of surgical discharges (2,578) has for the first time this past year exceeded the medical discharges (2,026) by a considerable margin. Moreover, the number of medical cases readmitted, often for such brief periods that the clerical burden on the house officer is slight, proves to be considerably greater than those readmitted to the surgical wards, there having been during the year 695 medical readmissions and 495 surgical admissions.

As a matter of fact, the surgical cases for the year prove to have been in excess of the calculated number possible for 110 beds, namely, 2,510 cases based on an average 16-day sojourn. The obvious conclusion is that many beds are at all times empty on the medical wards, and that on the surgical wards there is a more or less constant excess of patients for whom beds must be supplied beyond the estimated ward capacity. So it was with hospitals during the war.

The official hospital capacity was one thing; what was called "crisis expansion" another. But leaving the possibility of expansion aside, calculating on the basis of 110 beds accredited to each service, it is obvious that the surgeons are much more hard-pressed to cover the routine work, even in the matter of ward records, than the physicians, who have the added advantage of freedom from the time-consuming and fatiguing duties incident to the operating room. If it should actually prove to be the case that the Surgical Service is tending to outgrow the Medical Service we must be prepared, accordingly, to adjust the size of the junior staffs of the two departments so that they become more nearly proportionate to the number of patients each is called upon to care for, and the time consumed in the process. There are obvious reasons why hospitals in the long run tend to become surgicalized. The progressive yearly increment of cases discharged from the Surgical Service, with the temporary setback in 1918, is shown in the accompanying table.

Year	Total Discharges	Deaths	General Mortality (Per Cent)	Diagnoses	Excess Per Cent of Diagnoses	Patients operated upon	Case Per Cent operated upon	Operations recorded	Post-operative Deaths	Case Mortality (Per Cent)	Operative Mortality (Per Cent)
1913	690	35	5.00	690	0	477	69.1	693	29	6.0	4.2
1914	1,474	83	5.63	1,474	0	992	67.3	1,361	61	6.1	4.5
1915	1,869	89	4.76	2,366	26.5	1,328	71.2	1,526	72	5.4	4.7
1916	2,014	93	4.61	2,348	16.5	1,422	70.6	1,632	68	4.8	4.1
1917	2,021	74	3.66	2,533	25.3	1,457	72.0	1,639	54	3.7	3.2
1918	1,856	71	3.82	2,315	24.7	1,304	70.2	1,474	61	4.7	4.1
1919	2,123	102	4.80	2,659	25.2	1,411	66.4	1,563	79	5.6	5.1
1920	2,090	91	4.35	2,604	24.5	1,399	66.8	1,602	69	4.9	4.3
1921	2,195	107	4.87	2,640	20.2	1,405	64.0	1,591	86	6.1	5.3
1922	2,274	110	4.83	2,692	18.3	1,517	67.1	1,552	71	4.7	4.5
1923	2,397	135	5.62	3,084	28.2	1,646	68.6	1,713	81	4.9	4.7
1924	2,508	144	5.74	3,462	38.0	1,783	71.1	1,843	75	4.2	4.1
1925	2,578	134	5.19	3,629	40.7	1,667	64.6	1,762	72	4.3	4.1

The obvious way to augment the number of patients, should this appear desirable, would be in the direction of still further shortening the average period of hospitalization, for since we have a constant waiting-list the wards could remain continuously full. If, for example, we should be able to reduce the present 17+ day average stay of patients on the surgical wards, let us say, to ten days, it would mean, calculating on a 110-bed basis, an increase of over 1,000 patients a year. Such a reduction might be brought about in several ways: by inaugurating the plan mentioned in an earlier paragraph of having as many cases as possible thoroughly 'worked up' in the Out-door Department before their admission to the ward; by having a convalescent home to which patients could be sent soon after operation; or it might be possible by utilizing the empty beds on the medical wards for the preoperative study and post-operative care of surgical cases. The adoption of any one of these programmes, could they be financed, would necessitate fundamental modifications in our present system of organization, the desirability of which is questionable.

Other than for the steady increase in the number of patients discharged, the table shows little else of note, though attention may be called to the increasing tendency of late years to make extra diagnoses. Though an effort was made some years ago to check this tendency, it perhaps, after all, has its advantages provided there is a good system of indexing, for abundant cross-references make it possible to look up many correlated disorders and their complications which otherwise might be difficult to find if they were being made the subject of study.

The customary tabulation of diagnoses and surgical

operations is appended. It will be observed that the heaviest operative mortality lies in the group of intracranial tumors, including those of the pituitary body. Taken together these include 157 operations with 22 deaths, — a mortality of 14 per cent. Should these critical procedures be excluded from our calculations so as to make the conditions more nearly comparable to those of other general hospitals, the operative mortality figures would approximate the usual 3 per cent, a figure only recorded with us during one of the war years when there was a great falling-off in the admission of neurosurgical cases.

HARVEY CUSHING,
Surgeon-in-Chief.

Surgical Diagnoses and Operations

January 1, 1925, to January 1, 1926

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
SECTION I				
SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
(See also Special Organs)				
Actinomycosis *Excision*	1	1	1	1
Gonorrheal complications (varia)	16			
Granuloma *Excision*	1		1	
(For syphilitic *cf.* Special Organs.)				
Infection, acute respiratory	3			
Malaria	1			
Pneumonia (post-operative, 20)	32			
Sepsis, general	5			
Syphilis	36			
Tetanus	2			
Tuberculosis, bronchopneumonic	1			
Typhoid fever	1	1		
SECTION II				
DISEASES DUE TO ANIMAL PARASITES				
Pediculosis capitis	2			
Scabies	1			
Tinea epidermophytosis	1			
Uncinariasis	1			
SECTION III				
DISEASES OF METABOLISM				
Diabetes insipidus	1			
Diabetes mellitus	31			
Gangrene, diabetic *Amputation*	6		5	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Hemochromatosis	1			
Lipomatosis	1			
Obesity	21			
Ulcer, diabetic	1			
Vomiting, recurrent	2			
SECTION V				
DISEASES DUE TO PHYSICAL AGENTS				
Burns, varia *Skin graft*	3		2	
SECTION VI				
POISONINGS. INTOXICATIONS				
Poisoning, chronic non-industrial	1			
SECTION VII				
TUMORS, BENIGN OR MALIGNANT				
(See Special Organs)				
SECTION VIII				
CONGENITAL MALFORMATIONS				
Cervical rib	1			
Diverticulum, Meckle's *Excision*	3		1	
Esophagus:				
Congenital web	2			
Kidneys:				
Fused kidney	1			
Polycystic kidney *Puncture*	1		1	
Meningocele	1			
Oxycephaly *Subtemporal decompression*	2		2	
Pilonidal sinus *Excision*	15		14	
Spina bifida occulta	1			
Ureter:				
Accessory ureter *Nephropexy*	1		1	
Uterus:				
Double uterus *Hysterectomy*	2		1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
SECTION IX				
INJURIES				
Abrasions and contusions	63			
Amputation, traumatic, of hand	2			
Avulsion of brachial plexus *Neurolysis*	1		1	
Avulsion of ear	1			
Dislocation of clavicle	2			
Dislocation of elbow	2			
Dislocation of finger	2			
Dislocation of hip *Reduction*	1		1	
Dislocation of knee	2			
Dislocation of scaphoid	1			
Dislocation of shoulder	1			
Dislocation of toe	2			
Dislocation of vertebra	1			
Dislocation of wrist	1			
Displacement of semilunar cartilage *Removal*	1		1	
Edema of foot	1			
Foreign body *Removal*	4		4	
Fractures:				
Head:				
Malar bone	1			
Mandible	6			
Nasal bone	4			
Skull *Subtemporal decompression*	24	3	7	1
Lower extremity:				
Femur	16	5		
Fibula	6			
Metatarsals	4	1		
Os calcis	3			
Patella	4			
Tibia	13			
Tibia and fibula	12			
Upper extremity:				
Humerus	9	1		
Metacarpals and phalanges	7			
Radius	13			
Radius and ulna	4			
Ulna	3			

Diseases and Conditions		Diagnoses		Operations	
		Total	Deaths	Total	Deaths
Trunk:					
Clavicle		6			
Pelvis		8	1		
Ribs		10	2		
Scapula		3			
Spine		10	1		
Gangrene		2			
Amputation		.....	.....	1	
Skin graft		.....	.....	1	
Hematoma	*Incision — drainage*	8	1	4	
Injury to peripheral nerve	*Suture*	2		1	
Injuries, mutiple, internal		2			
Rupture		7			
Shock		10	2		
Sprain		3			
Strain		2			
Wound, gunshot		1			
Wounds, incised or lacerated	*Suture*	54	1	9	
SECTION X					
SPECIAL SKIN DISEASES					
Abscess	*Incision — drainage*	51		38	
Carbuncle, varia	*Incision — drainage*	16	1	13	1
Cellulitis, varia	*Incision — drainage*	24		9	
Cicatrix	*Excision*	1		1	
Dermatitis		2			
Erysipelas		1			
Furunculosis	*Incision — drainage*	8		1	
Ichthyosis		1			
Nevus papillaris	*Excision*	1		1	
Paronychia	*Incision — drainage*	5		1	
Tuberculosis	*Incision — drainage*	2		2	
Tumors:					
Angioma	*Excision*	2		2	
Carcinoma, epidermoid	*Excision*	1		1	
Cyst, sebaceous	*Excision*	4		4	
Lipoma	*Excision*	6		3	
Papilloma	*Excision*	1		1	
Sarcoma	*Excision*	1		1	
Wound, infected, varia	*Incision — drainage*	21		1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
SECTION XI				
DISEASES OF THE CIRCULATORY SYSTEM				
A. Arteries				
Aneurism	7	1		
Ligation	.....	.....	3	
Wiring	.....	.....	1	1
Arteriosclerosis	23			
Embolism *Amputation*	3	2	2	2
Gangrene, senile *Amputation*	1	1	1	1
Intermittent claudication	1			
Thromboangeitis obliterans *Amputation*	3		2	
B. Heart				
Angina pectoris *Sympathectomy*	4		4	
Aortic and mitral insufficiency	1			
Auricular fibrillation	11			
Dilatation of heart, acute	1			
Endocarditis, subacute	1			
Hypertension	40			
Infarct of heart	2			
Mitral insufficiency	2			
Mitral insufficiency and stenosis	1			
Mitral stenosis	5			
Myocarditis, chronic	54	2		
C. Veins				
Phlebitis	13			
Thrombophlebitis	5			
Thrombosis *Ligation*	1		1	
Tumors:				
Angioma cavernosum *Excision*	2		1	
Varix	28			
Excision	.....	.....	21	
Skin graft	.....	.....	1	
Varix with ulcers	14			
Excision and skin graft	.....	.....	10	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
SECTION XII				
DISEASES OF THE LYMPHATIC SYSTEM				
Abscess, cervical *Incision — drainage*	2		2	
Ascites, chylous	1			
Lymphadenitis *Incision — drainage*	7		4	
Lymphangitis	15			
Tuberculosis of lymph nodes, varia *Excision*	11		7	
Tumors:				
Carcinoma of lymph glands *Dissection*	3		3	
Lymphangioma *Excision*	1		1	
Lympho-granulomatosis *Excision*	1		1	
Lymphoma, malignant *Excision*	1		1	
SECTION XIII				
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS				
Abscess of spleen	1	1		
Anemia, aplastic *Splenectomy*	1		1	
Anemia, pernicious	2			
Anemia, secondary	11			
Banti's disease *Splenectomy*	1		1	
Leukemia, myeloid	1			
Purpura hemorrhagica	1	1		
Splenomegaly *Splenectomy*	2		2	
SECTION XIV				
DISEASES OF THE DUCTLESS GLANDS				
Endocrinopathy, pluriglandular	2			
B. Pituitary Gland				
Acromegaly	14			
Transfrontal operation	.....	.....	1	
Transsphenoidal operation	.....	.....	3	
Dyspituitarism without tumor	1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Dyspituitarism with adenoma	20	1		
Transfrontal operation	.....	.....	3	1
Transphenoidal operation	.....	.....	14	
Dyspituitarism with tumor of cranio-pharyngeal (Rathke's) pouch	8	2		
Transfrontal operation	.....	.....	7	2
E. Thyroid Gland				
Cretinism	1			
Goitre, diffuse colloid *Partial thyroidectomy*	4		3	
Goitre, exophthalmic *Partial thyroidectomy*	18	1	14	
Myxedema	2			
Tumors:				
Adenoma *Partial thyroidectomy*	12		10	
Carcinoma	1			
SECTION XV				
DISEASES AND INJURIES OF THE NERVOUS SYSTEM				
A. Brain				
Abscess	8	1	6	1
Arteriosclerosis, cerebral	10			
Ataxia, cerebellar	1			
Atrophy of brain	1			
Concussion	13			
Encephalitis	2			
Epilepsy	26			
Hemiplegia	4			
Hemorrhage, intracranial	6	1		
Subtemporal decompression	.....	.....	1	1
Hydrocephalus	1			
Œdema	1			
Pneumatocele	1			
Tumors:				
(1) Pituitary and suprasellar (*cf.* Ductless Glands, Section XIV, B.)				

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
(2) Cerebral tumors, verified:				
Carcinoma, cystic *Exploration*	1		1	
Carcinoma, metastatic *Exploration*	2		4	
Cyst, hemorrhagic *Exploration*	1		1	
Endothelioma (meningioma)	15	2		
Extirpation or partial removal	.....	.....	6	
Glioma	45	9		
Exploration with decompression	.....	.....	3	1
Extirpation, partial or total	.....	.....	25	2
Neuroblastoma	1			
Perithelioma *Extirpation*	1	1	1	1
Pinealoma *Subtemporal decompression*	2	2	2	2
(3) Cerebellar tumors, verified:				
(*a*) Intracerebellar tumors:				
Glioma and gliomatous cyst	23	8		
Extirpation, partial	.....	.....	17	5
Hemangioma	1			
Perithelioma *Extirpation, partial*	1	1	1	1
Tumor, unclassified *Extirpation, partial*	1		1	
(*b*) Extracerebellar tumors:				
Acoustic neurinoma *Extirpation, partial*	11	1	11	1
Glioma	1			
(4) Unverified tumors:				
(*a*) Cerebral	61	3		
Exploration with subtemporal decompression	.....	.....	34	1
(*b*) Cerebellar	7			
Exploration with suboccipital decompression	.....	.....	3	
(*c*) Pontine	3			
(5) Tumor suspects:				
(*a*) Cerebral	62	6		
Exploration with subtemporal decompression	.....	.....	12	2
(*b*) Cerebellar *Exploration*	19	3	6	3
B. Cerebrospinal Affections				
Rhinorrhea, cerebrospinal	3			
Sclerosis, multiple	8			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
C. Meninges				
Arachnoiditis	4			
Meningitis, cerebrospinal	3			
Meningitis, tuberculous	2			
Pachymeningitis, interna hemorrhagica	1			
D. Mental Affections				
Dementia senile	1			
Feeble-mindedness	2			
Insanity, manic depressive	3			
Neurosis, traumatic *Subtemporal decompression*	4		1	
Paresis, general	4			
Psychoneuroses	20			
Psychoses, infectious	1			
Psychoses, traumatic	3			
E. Miscellaneous				
Aphasia	1			
Cephalalgia	4			
Migraine	1			
Migraine, ophthalmoplegic	1			
Paralysis agitans	6			
Vertigo	1			
F. Peripheral Nerves				
Neuralgia, facial (obscure origin)	5			
Neuralgia, intercostal	1			
Neuralgia, sciatica	3			
Neuralgia, supra-orbital *Neurectomy*	2		2	
Neuralgia, trigeminal, major	23			
Avulsion of sensory root	.....	.....	18	
Neuralgia, trigeminal, minor	30			
Alcohol injection	.....	.....	27	
Neurectomy	.....	.....	2	
Paralysis of brachial plexus	1			
Paralysis of cranial nerves (varia)	3			
Tumors:				
Neurofibromatosis	1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
G. Spinal Cord				
Atrophy, progressive muscular	1			
Hematomyelia	2			
Myelitis	1			
Paraplegia	1			
Sclerosis, spinal *Laminectomy*	7		1	
Tabes dorsalis	3			
Tumors:				
(1) Verified:				
Meningioma *Laminectomy*	3		2	
Sarcoma *Laminectomy*	1		1	
(2) Unverified	3			
SECTION XVI				
DISEASES OF THE BONES, JOINTS, MUSCLES, TENDONS AND FASCIA				
A. Diseases of the Bones and Cartilages				
Osteitis deformans	3			
Osteochondritis dissecans *Removal sequestra*	1		1	
Osteomyelitis, chronic	15			
Amputation	.....	.....	3	
Incision — drainage	.....	.....	9	
Removal sequestra	.....	.....	1	
Periostitis, non-traumatic	1			
Tuberculosis of bone	1			
Tumors:				
Adamantinoma of mandible	1			
Carcinoma of antrum	1			
Fibrosarcoma of axilla *Excision*	1		1	
Hypernephroma, metastatic	1			
Osteochondroma of femur *Excision*	1		1	
Osteoma of maxilla *Excision*	1		1	
Osteoma of palate *Excision*	1		1	
Sarcoma of antrum	1			
Sarcoma of ilium	1			
Tumor, unclassified	2			
B. Diseases of the Joints				
Abscess of hip *Incision — drainage*	1		1	
Ankylosis	2			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Arthritis, acute	2			
Arthritis, chronic infectious	12			
Arthritis deformans	2			
Contracture *Plastic*	1		1	
Osteoarthritis *Cordotomy*	4		1	
Relaxed sacro-iliac	2			
Scoliosis	1			
Synovitis	4			
C. Other Diseases				
Abscess of muscle *Excision*	1		1	
Amputation stump, painful	1			
Bursitis *Incision — drainage*	5		3	
Contraction, cicatricial *Excision*	1		1	
Contraction, Dupuytren's	1			
Excision palmar fascia	.....	.....	1	
Hallux valgus *Mayo wedge operation*	1		1	
Peroneal spasm	1			
Strain, sacro-iliac	1			
Talipes equinus	1			
Tenosynovitis *Incision — drainage*	2		1	
Torticollis (non-spasmodic) *Resection*	1		1	
Tuberculosis of popliteal space	1			
Incision — drainage	.....	.....	1	
Tumor:				
Fibrosarcoma of popliteal space *Excision*	1		1	
SECTION XVII				
DISEASES AND INJURIES OF THE EYE AND EAR				
Diseases of the Eye				
H. Lens				
Cataract	1			
J. Uveal Tract				
3. Choroid				
Chorio-retinitis	1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
M. Optic Nerve				
Atrophy	2			
Neuritis, retrobulbar	2			
O. Orbit				
Tumor: unverified *Exploration*	1		1	
Diseases of the Ear				
Q. General				
Tumors:				
Carcinoma, epidermoid *Excision*	2	1	2	1
R. Auricle				
Abscess	1			
V. Middle Ear and Mastoid				
Mastoiditis, chronic *Radical mastoidectomy*	2		1	
Otitis media *Mastoidectomy*	6	1	3	1
SECTION XVIII				
DISEASES OF THE NOSE AND ACCESSORY SINUSES				
Deviation of nasal septum *Resection*	3		3	
Epistaxis	1			
Ethmoiditis *Partial removal*	1		1	
Furuncle of nose	2	1		
Hypertrophy of turbinate *Partial removal*	1		1	
Polyp of nose *Removal*	1		1	
Rhinitis, vasomotor	1			
Sinusitis *Drainage*	8		2	
SECTION XIX				
DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS AND PALATE				
Abscess, varia *Drainage*	2		1	
Parotitis *Incision — drainage*	3		2	
Pharyngitis	2			

Diseases and Conditions		Diagnoses		Operations	
		Total	Deaths	Total	Deaths
Tonsillitis, acute	*Tonsillectomy*	5		3	
Tonsillitis, chronic	*Tonsillectomy*	65		64	
Tumors:					
Carcinoma of cheek	*Excision*	3		4	
Carcinoma of naso-pharynx		1			
Cyst of parotid gland	*Excision*	1		1	
Cyst of salivary gland	*Excision*	1		1	
SECTION XX					
DISEASES OF THE JAW, TEETH AND GUMS					
Abscess, alveolar	*Incision — drainage*	2		1	
Caries of teeth	*Extraction*	5		2	
SECTION XXI					
DISEASES OF THE TONGUE					
Tumors:					
Carcinoma	*Excision*	2	1	1	1
SECTION XXII					
DISEASES OF THE ESOPHAGUS					
Cardiospasm	*Esophagoscopy*	2		2	
Diverticulum		1			
Foreign body	*Esophagoscopy*	1		1	
Stricture		1			
	Esophagoscopy	.....	.....	3	
	Gastrostomy	.....	.....	1	
Tumors:					
Carcinoma	*Gastrostomy*	5	2	5	2
SECTION XXIII					
DISEASES OF THE STOMACH					
Motor and secretory disturbances		8			
Tumors:					
Adenocarcinoma	*Gastro-jejunostomy*	2	1	2	1
Carcinoma	*Gastro-enterostomy*	16	2	8	1

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Ulcer, gastric	9			
Gastro-enterostomy	.....	.....	6	
Resection	.....	.....	1	
SECTION XXIV				
DISEASES OF THE INTESTINES				
Adhesions, intestinal *Lysis*	8		4	
Appendicitis, acute	95	4		
Appendicectomy	.....	.....	57	1
Appendicectomy with drainage for abscess or peritonitis	.....	.....	35	2
Appendicitis, chronic *Appendicectomy*	57		52	
Colic, intestinal	1			
Colitis, ulcerative *Ileostomy*	2	1	1	1
Constipation	3			
Diverticulitis of colon *Resection*	2		1	
Diverticulum of duodenum	1			
Enteritis	3			
Fistula, fecal *Closure*	1		1	
Foreign body *Appendicectomy*	2		1	
Indigestion, intestinal	2			
Intussusception of colon	2			
Sigmoidostomy	.....	.....	1	
Obstruction, intestinal	17	1		
Colostomy	.....	.....	4	
Enterostomy	.....	.....	2	1
Paralytic ileus	4			
Colostomy	.....	.....	2	
Enterostomy	.....	.....	2	
Rupture of intestine, non-traumatic	1	1		
Tuberculosis	13			
Appendicectomy	.....	.....	5	
Excision of caecum	.....	.....	1	
Tumors:				
Adenocarcinoma of caecum	1			
Ileo-colostomy	.....	.....	1	
Adenocarcinoma of sigmoid *Sigmoidostomy*	2	1	2	1
Carcinoma of caecum *Resection*	2		1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Carcinoma of colon	3	1		
Caecostomy	.....	.....	2	
Resection	.....	.....	3	1
Carcinoma of recto-sigmoid	5			
Caecostomy	.....	.....	1	
Colostomy	.....	.....	1	
Resection	.....	.....	2	
Sigmoidostomy	.....	.....	3	
Lymphosarcoma of jejunum	2			
Gastro-jejunostomy	.....	.....	1	
Ulcer, duodenal	35	3		
Exclusion by suture	.....	.....	2	
Gastro-jejunostomy	.....	.....	7	
Gastro-jejunostomy — transection pylorus	.....	.....	12	
Pyloroplasty	.....	.....	1	
Visceroptosis	1			
Volvulus	1			
SECTION XXV				
DISEASES OF THE LIVER AND GALL DUCTS				
Abscess of liver *Drainage*	3		1	
Adhesions about gall bladder *Lysis*	3	1	3	1
Cholangitis	3			
Cholecystitis, acute	2			
Cholecystitis, chronic	13	1		
Cholecystectomy	.....	.....	5	1
Cholecystectomy — choledochostomy	.....	.....	1	
Cholelithiasis	14			
Cholecystectomy	.....	.....	4	
Choledochostomy	.....	.....	4	
Cholelithiasis with cholecystitis, acute	12			
Cholecystectomy	.....	.....	8	
Cholecystectomy — choledochostomy	.....	.....	4	
Cholelithiasis with cholecystitis, chronic	80	3		
Cholecystectomy	.....	.....	51	2
Cholecystectomy — choledochostomy	.....	.....	15	
Cirrhosis of liver	7	2		

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Fistula, biliary	1			
Hepatitis	1			
Jaundice *Cholecystectomy*	7		1	
Obstruction to portal vein	1			
Stenosis of bile duct *Cholecystectomy*	2		1	
Tumors:				
Adenocarcinoma of common bile duct	2	1		
Cholecyst-duodenostomy	.....	.....	1	1
Carcinoma of Ampulla of Vater	1			
Cholecyst-gastrostomy	.....	.....	1	
Carcinoma of liver	2	1		
Malignant disease: unspecified	1			
SECTION XXVI				
DISEASES OF THE PANCREAS				
Pancreatitis, acute	1			
Pancreatitis, chronic	1			
Tumors:				
Carcinoma *Cholecyst-duodenostomy*	2		1	
Cyst of pancreas *Drainage*	1	1	1	1
SECTION XXVII				
DISEASES OF THE ABDOMEN, ABDOMINAL WALL AND PERITONEUM IN GENERAL				
Abscess of abdomen *Drainage*	2		2	
Adhesions, pelvic *Lysis of adhesions*	2		2	
Diastasis of recti *Repair*	4		1	
Hernia, diaphragmatic	2			
Hernia, epigastric *Repair*	2		2	
Hernia, femoral *Repair*	3		2	
Hernia, femoral, strangulated *Repair*	4		4	
Hernia, inguinal *Repair*	117	1	108	1
Hernia, inguinal, strangulated *Repair*	2	1	2	1
Hernia, umbilical *Repair*	3		1	
Hernia, umbilical, strangulated *Repair*	1		1	
Hernia, ventral, post-operative *Repair*	22		14	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Hernia, ventral post-operative, strangulated	2	1		
Repair	.....	.....	1	
Peritonitis, acute general *Drainage*	4	1	4	1
Peritonitis, acute local	1			
Peritonitis, general adhesive *Lysis of adhesions*	2		1	
Peritonitis, general hemorrhagic *Enterostomy*	1	1	2	1
Peritonitis, pelvic *Drainage*	3		4	
Tuberculosis of peritoneum	2			
Tumors:				
Adenocarcinoma of peritoneum	2			
Carcinomatosis, abdominal	3	1		
Endothelioma, fascial, of groin	1			
Lymphosarcoma, retro-peritoneal	2			
Tumor, unclassified	2			
SECTION XXVIII				
DISEASES OF THE RECTUM AND ANUS				
Abscess, perianal *Incision — drainage*	14		10	
Anal fissure *Dilatation or excision*	10		8	
Fistula in ano	27			
Excision	.....	.....	15	
Incision	.....	.....	9	
Hemorrhoids, external or internal	50			
Clamp and cautery operation	.....	.....	36	
Hemorrhoidectomy	.....	.....	19	
Laceration of sphincter ani *Repair*	1		1	
Proctitis	1			
Prolapse of rectum *Whitehead operation*	2		1	
Pruritis ani	1			
Sinus of anal region *Excision*	1		1	
Stricture of rectum, non-malignant *Dilatation*	4		3	
Tumors:				
Carcinoma of rectum *Colostomy*	8	3	7	3
Ulcer of anus *Excision*	1		1	
SECTION XXIX				
DISEASES OF THE LARYNX				
Laryngitis	2			

Diseases and Conditions		Diagnoses		Operations	
		Total	Deaths	Total	Deaths
SECTION XXX					
DISEASES OF THE TRACHEA AND BRONCHI					
Asthma		1			
Bronchitis, acute		3			
Bronchitis, chronic		10			
Fistula, bronchial		2			
SECTION XXXI					
DISEASES OF THE LUNGS					
Abscess	*Thoracostomy*	5		2	
Atelectasis		4			
Embolism, pulmonary		3			
Emphysema		2			
Infarct of lung		3			
Tuberculosis		18			
Tumor:					
Carcinoma		2			
SECTION XXXII					
DISEASES OF THE PLEURA AND MEDIASTINUM					
Empyema		9			
	Thoracostomy with rib resection	.....	.....	1	
	Drainage	.....	.....	8	
Pleurisy, acute fibrinous		3			
Pleurisy, sero-fibrinous		5			
Pneumothorax		1			
SECTION XXXIII					
DISEASES OF THE KIDNEY AND URETER					
Abscess, perirenal	*Incision — drainage*	2		1	
Anuria		1			
Calculus, ureteral	*Removal*	20		5	
Colic, ureteral		1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Ectopic kidney *Nephrectomy*	1		1	
Hematogenous infection of kidney	1			
Hematuria	2			
Hydronephrosis	8			
Ligation	.....	.....	2	
Nephropexy	.....	.....	2	
Transplantation of ureter	.....	.....	2	
Nephritis, acute	1			
Nephritis, chronic	5			
Nephrolithiasis	37	2		
Nephrectomy	.....	.....	5	
Nephrotomy, pyelotomy or both	.....	.....	12	2
Nephroptosis *Nephropexy*	7		5	
Periureteritis *Excision lymph nodes*	1		1	
Pyelitis *Nephropexy*	24		1	
Pyelonephritis	7	2		
Nephrectomy	.....	.....	1	
Nephropexy	.....	.....	1	
Pyonephrosis	10	1		
Nephrectomy	.....	.....	6	1
Nephrostomy	.....	.....	2	
Reduplication of ureter	1			
Sinus, urinary (post-operative)	1			
Tuberculosis *Nephrectomy*	16		9	
Tumors:				
Adenoma of kidney *Nephrectomy*	1		1	
Carcinoma of kidney *Nephrectomy*	2		2	
Hypernephroma	3			
Excision	.....	.....	1	
Nephrectomy	.....	.....	1	
Papilloma of renal pelvis *Nephrectomy*	1		1	
Uremia	4			
Ureterocele *Incision*	1		1	
SECTION XXXIV				
DISEASES OF THE BLADDER				
Calculus, vesical	7	1		
Litholapaxy	.....	.....	1	
Suprapubic lithotomy	.....	.....	4	1

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Cystitis, chronic	11			
Cystitis, interstitial *Dilatation*	3		1	
Diverticulum of bladder *Excision*	1		1	
Relaxed vesical sphincter *Repair*	1		1	
Retention of urine	2			
Tabetic bladder	1			
Tuberculosis *Suprapubic cystotomy*	3		1	
Tumors:				
Carcinoma	13	2		
Cystotomy	.....	.....	3	
Cystotomy with excision, implantation of radium, or transplantation of ureter	.....	.....	9	2
Papilloma *Fulguration*	4		4	
SECTION XXXV				
DISEASES OF THE URETHRA, MALE AND FEMALE				
Abscess, periurethral	2			
Dilatation	.....	.....	1	
Incision — drainage	.....	.....	1	
Caruncle of urethra	5			
Excision	.....	.....	2	
Fulguration	.....	.....	2	
Extravasation of urine	1	1		
Fistula, urethral *Urethrotomy*	2		1	
Prolapse of urethra *Plastic operation*	1		1	
Rupture of urethra *Incision — drainage*	1		1	
Stricture *Urethrotomy*	7		1	
Urethritis, chronic	1			
SECTION XXXVI				
DISEASES OF THE MALE GENERATIVE ORGANS				
A. General				
Tuberculosis	1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
B. Penis				
Gangrene *Perineal urethrotomy*	1	1	2	1
Granuloma, infectious *Cauterization*	1		1	
Phimosis *Circumcision*	4		2	
C. Prostate				
Abscess	1			
Calculus, prostatic	2			
Prostatectomy with removal of calculi	.....	.....	1	
Hypertrophy of prostate	59	11		
Cystotomy, suprapubic	.....	.....	7	1
Prostatectomy, perineal	.....	.....	3	
Prostatectomy, suprapubic	.....	.....	35	4
Prostatitis *Prostatectomy, perineal*	9		1	
Tumors:				
Carcinoma	10			
Cystotomy, suprapubic	.....	.....	2	
Prostatectomy, perineal	.....	.....	4	
D. Scrotum				
Hematocele	2			
Hydrocele *Excision*	16		12	
Spermatocele *Excision*	2		2	
Varicocele *Excision or ligation*	6		4	
E. Seminal Vesicles				
Vesiculitis *Vesiculectomy*	1		1	
F. Testicle				
Epididymitis *Incision — drainage*	6		4	
Occlusion of epididymes *Anastamosis*	1		1	
Tuberculosis of epididymis	2			
Tumor:				
Carcinoma *Orchidectomy*	2		2	
Undescended testicle *Operations for*	7		5	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
SECTION XXXVII				
DISEASES OF THE FEMALE GENERATIVE ORGANS				
A. General and Functional				
Amenorrhea	2			
Cellulitis, pelvic	1			
Dysmenorrhea *Dilatation — curettage*	4		2	
Laceration of pelvic floor	1			
Maldevelopment of internal genitalia	1			
Menopause *Dilatation — curettage*	3		1	
Menorrhagia	12			
Dilatation — curettage	.....	.....	7	
Hysterectomy, supravaginal	.....	.....	1	
Relaxed pelvic floor	38			
Local repair	.....	.....	7	
Local repair with suspension of uterus	.....	.....	14	
Local repair with hysterectomy	.....	.....	7	
Suspension of uterus	.....	.....	2	
Sterility *Dilatation — curettage*	3		3	
Tuberculosis of genital organs	1			
Tumor:				
Carcinoma of internal genital organs	1			
B. Fallopian Tubes				
Salpingitis, acute *Salpingectomy*	36		31	
Salpingitis, chronic *Salpingectomy*	38		28	
Tuberculosis *Salpingectomy*	3		2	
C. Ovary				
Abscess *Drainage*	4		1	
Oöphoritis, acute *Oöphorectomy*	15		13	
Oöphoritis, chronic *Oöphorectomy*	22		21	
Tumors:				
Adenocarcinoma	4	1		
Excision	.....	.....	2	1
Oöphorectomy	.....	.....	1	
Carcinoma *Excision*	2		1	
Cyst of ovary (varia) *Oöphorectomy*	21		18	
Cystadenoma *Oöphorectomy*	1		1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
D. Uterus				
Anteflexion of cervix-uteri *Suspension*	1		1	
Endocervicitis, chronic *Curettage or excision*	40		28	
Endometritis (varia)	24			
Dilatation — curettage	.....	.....	10	
Supravaginal hysterectomy	.....	.....	5	
Laceration of cervix-uteri *Trachelorrhaphy*	22		17	
Metrorrhagia *Dilatation — curettage*	5		4	
Retroversion of uterus *Suspension*	17		14	
Stricture of cervical canal	2			
Dilatation — curettage	.....	.....	2	
Tumors:				
Adenomyoma *Hysterectomy, supravaginal*	1		1	
Carcinoma of cervix-uteri *Panhysterectomy*	10		3	
Carcinoma of uterus *Panhysterectomy*	3		1	
Fibromyoma of uterus	48			
Dilatation — curettage	.....	.....	8	
Hysterectomy, supravaginal	.....	.....	39	
Myomectomy	.....	.....	1	
Leiomyoma of uterus	4			
Dilatation — curettage	.....	.....	1	
Hysterectomy, supravaginal	.....	.....	2	
Myomectomy	.....	.....	1	
Polypus of cervix-uteri *Curettage or excision*	7		7	
Polypus of uterus	1			
E. Vagina				
Fistula, recto-vaginal *Repair*	1		1	
Fistula, vesico-vaginal *Repair*	2		2	
Tear of vagina *Suture*	1		1	
Tumors:				
Carcinoma	1			
Cyst, vulvo-vaginal *Excision*	1		1	
Polypus *Excision*	1		1	
Ulcer *Excision*	1		1	
F. Vulva				
Abscess of Bartholin's gland *Excision*	7		6	
Bartholinitis *Excision of gland*	3		3	
Cellulitis *Incision — drainage*	1		1	
Tumor:				
Adenoma *Excision*	1		1	

Diseases and Conditions		Diagnoses		Operations	
		Total	Deaths	Total	Deaths
SECTION XXXVIII					
PUERPERAL STATE					
Abortion	*Dilatation — curettage*	21	1	17	1
Abortion threatened	*Dilatation — curettage*	3		1	
Galactocele		1			
Miscarriage		1			
Pregnancy		16			
Pregnancy, extrauterine	*Salpingo-oöphorectomy*	7		7	
Retained secundines	*Dilatation — curettage*	3		3	
Subinvolution of uterus		1			
SECTION XXXIX					
DISEASES OF THE BREAST, MALE AND FEMALE					
Abscess	*Incision — drainage*	5		5	
Cystic disease of breast	*Excision*	1		1	
Mastitis	*Amputation*	9		10	
Sinus of breast	*Amputation*	1		1	
Tumors:					
Carcinoma	*Radical extirpation*	25		15	
Fibroma	*Excision*	4		3	
SECTION XLI					
ILL-DEFINED OR UNCLASSIFIED DISEASES					
Decubitus		3			
Emphysema, traumatic		3			
Fever, cause unknown		2			
Gangrene (unqualified)		2			
Hemorrhage, post-operative		6			
Ingrowing toe nail	*Excision*	2		1	
Malnutrition		1			
Undiagnosed	*Exploratory laparotomy*	104		9	
Wound of operation	*Secondary suture*	7		2	
		3,629	134	1,762	72

Summary of Statistics

January 1, 1925, to January 1, 1926

Total number of surgical admissions in 1925	2,581	
Total number of cases remaining in wards, January 1, 1925	95	
		2,676
Total number of surgical cases discharged or transferred	2,444	
Total number of deaths	134	
(*Post-operative, 72 — Non-operative, 62 — Total, 134*)		
		2,578
Total number of surgical cases remaining in the wards, January 1, 1926	98	
		2,676
Total number of operations	1,762	
Incidental operations	139	
		1,901

Report of the Physician-in-Chief

The year 1925 has not been marked by any considerable change in our way of doing things on the medical service of the Peter Bent Brigham Hospital. The general scheme of organization has not been modified. The staff personnel has had changes and additions.

New Staff Positions and Change in Personnel

A third Physician has been added in the appointment of Dr. Cyrus C. Sturgis to that rank to share with Dr. Frothingham and Dr. Fitz the duties assigned to the position of Physician. Dr. Sturgis received his B.S. degree from the University of Washington in 1913, his M.D. degree from Johns Hopkins in 1917, and has served through all ranks on the medical service of the Peter Bent Brigham Hospital; house officer in 1917–18, Assistant Resident Physician in 1919–20, Resident Physician in 1920–22 and Associate in Medicine in 1922–25. Dr. Sturgis is Assistant Professor of Medicine at Harvard, a practitioner of medicine and a contributor of excellent studies, particularly ones on metabolism in relation to thyroid disease. As Physician to the Peter Bent Brigham Hospital Dr. Sturgis will continue to devote his time in part to practice, in part to hospital and teaching work, and in part to investigation of clinical problems. Enlarging the staff to include three instead of two Physicians will increase the efficiency of the hospital service and enable each

of this rank to have more time available for special investigations.

During 1925 Dr. William deB. MacNider, Professor of Pharmacology at the University of North Carolina, spent a week with us as Physician-in-Chief, *pro tempore*. A pharmacologist interested in clinical medicine because of past experience in the practice of medicine, an investigator of the disturbances produced in animals by nephritic lesions, and of the effects of toxic substances on the kidney, Dr. MacNider brought to us the stimulus of a different view focussed temporarily on our clinical problems, and aroused our interest in some therapeutic substances not previously used by us.

Dr. Burgess Lee Gordon, Jr., resigned in September as Resident Physician to accept the positions of Instructor in Medicine, Jefferson Medical College, and Assistant Medical Director, Department of Diseases of the Chest, Jefferson Hospital, Philadelphia. There he will also engage in private practice. Dr. Gordon gave efficient service to the Peter Bent Brigham Hospital for four years, one year as Assistant Resident and three years as Resident Physician. Greatly interested in the problem of securing permission for autopsies, he did an important piece of work in stimulating the interest of the house staff in methods of obtaining these permits, in bringing about a better understanding with the morticians of the state, and in securing from authoritative sources statements as to the harmony of the post-mortem examination with the tenets of the Jewish religion, all of which has been the basis of an increase in the number of post-mortem examinations at the Peter Bent Brigham Hospital.

The importance of the post-mortem examination

cannot be too greatly emphasized as one of our available means of medical progress. Each death in the hospital, in a sense, represents a failure in our methods of treating disease, — a failure which can be but imperfectly understood unless there is a thorough study of the pathological processes as revealed by post-mortem examination, and which, until understood, is likely to recur. In these days of better methods of study applicable during life, there is an unfortunate tendency to neglect the opportunity of learning from post-mortem observation. That post-mortem examination is made at the Peter Bent Brigham Hospital on a large per cent of patients dying at the hospital is a matter of much pride to us, pointing, as we believe it does, to the attempt to avail ourselves of a very important opportunity to improve our clinical acumen. Dr. Gordon's efforts while at the Peter Bent Brigham Hospital did much to increase the availability of this method of study. He also carried out a series of interesting studies of the circulation, especially a group of observations on the circulatory mechanism while under the strain of prolonged athletic contests, as represented by the Marathon race held annually in Boston.

Dr. Gordon has been succeeded as resident physician by Dr. Charles Leonard Brown, B.S., 1919, and M.D., 1921, of Oklahoma University, medical house officer at the Peter Bent Brigham Hospital in 1922–23, resident pathologist at the Children's Hospital in 1923–24, and resident pathologist at the Peter Bent Brigham Hospital in 1924–25. Dr. Brown becomes our eighth resident physician, his predecessors in order of their appointment being Dr. Francis W. Peabody, Dr. Francis G. Blake, Dr. David W. Haller, Dr. Cecil K. Drinker, Dr. Howard F.

West, Dr. Cyrus C. Sturgis and Dr. Burgess Lee Gordon, Jr.

During the year the resident medical staff has been enlarged by the addition of two assistant residents, one replacing a nominal, though unsalaried, assistant resident. Like the addition of a third physician, this increase in the staff is for two purposes, — to improve our service to patients and to increase investigation. The larger number of patients in recent years, and especially the increased number of special tests applied in diagnosis, had greatly increased the routine work devolving on the staff and correspondingly decreased time available for research. Though unavoidable under the circumstances, the effect of this was unfortunate. Recognized as a defect in our organization, stressed in successive annual reports, it is a pleasure now to note its passing as a result of the action of our Trustees. Without the vivifying influence of the spirit of investigation, necessary routine work becomes less interesting and stimulating and is done with less enthusiasm. These additions to the resident staff will allow of expansion of our investigations. One of the assistant residents will have care of the private patients of the associates in medicine, relieving them of a considerable burden and making more attractive their position on the hospital staff.

The present group of assistant residents is composed of Dr. John C. Shrader, who came to us as assistant resident on July 1, 1924, from the University of Iowa; Dr. Howard L. Alt, who came from Chicago on July 1, 1925, having graduated at Northwestern University and had a rotating house-officership at the Wesley Memorial Hospital; Dr. Robert T. Monroe, who has continued here after the completion

of his house-officer service; Dr. Abner W. Calhoun who became Assistant Resident on the completion of a service as medical house officer at the Boston City Hospital; and Dr. Harry Blotner, who had had an interneship at the Eastern Maine General Hospital, and had been serving for several months as Voluntary Assistant in Medicine at the Peter Bent Brigham Hospital. During the year Dr. Lawrence A. Kohn, Dr. Thomas D. Christian, Jr., and Dr. Walter B. Whiting resigned as Assistant Resident Physicians, Dr. Kohn to go to Rochester, New York, as Instructor in Medicine at the University of Rochester and Resident Physician, Strong Memorial Hospital, Dr. Christian to continue at the Peter Bent Brigham Hospital as Junior Associate in Medicine, and Dr. Whiting to begin practice in Wichita Falls, Texas.

In the group of Associates in Medicine there have been two resignations, that of Dr. Hilding Berglund, Associate, to accept the position of Professor of Medicine and Director of the Medical Clinic of the University of Minnesota at Minneapolis, and that of Dr. Hugo Altnow, Junior Associate, to enter practice with the Nicollet Clinic at Minneapolis. Dr. Grabfield has been advanced from Junior Associate to Associate in Medicine. Dr. D. J. MacPherson, after a year's absence, engaged in special study in London, Paris, and Vienna, has returned to Boston and continues as Associate in Medicine at the Peter Bent Brigham Hospital.

As usual, six medical house officers have completed service during 1925 as follows: Drs. Philips J. Edson, Michael J. Ringer, Richard B. Wilson, Wilfred G. Jones, Edwin G. Graves, Robert W. Stecher and Robert T. Monroe. Dr. Edson subsequently served on the Roentgenological Service at the Peter Bent

Brigham Hospital and then began practice in Pasadena, California; Dr. Ringer began practice in New York City; Dr. Wilson went to Amsterdam, Holland, for special study in neurology and psychiatry; Dr. Jones took a surgical service in preparation for medical mission work in India; Dr. Graves began practice in Houston, Texas; Dr. Stecher went to Cleveland for medical work at the City Hospital; and Dr. Monroe remained at the Peter Bent Brigham Hospital as Assistant Resident Physician.

On the house-officer group the burden of increasing routine has fallen perhaps heaviest. For this reason an enlarged house-officer personnel is badly needed in order that each house officer may have, during his period of service, time to carry on some bit of investigation or to work up for publication some particularly unusual or interesting cases that he has observed. The careful carrying out of a thorough routine examination and study of a varied but not too large a group of patients, plus the doing of some form of special study, constitutes the best possible training of our house officers for their chosen fields of future work. The addition to the Administration Building, which is now being planned and which it is expected will be under construction during 1926, will allow of an increase in house officers to make this possible, besides furnishing actual residential quarters for several of the resident staff, who, though nominally in residence, actually live without the hospital walls. This addition to the Administration Building has long remained a very urgent need. That it soon is to be constructed is very pleasing.

As repeatedly pointed out in annual reports, our resident staff comes to us from all parts of the country, and after the completion of their service

scatter again to different sections of the United States to occupy themselves in varying phases of medical work. The training of these men is an important national contribution of the hospital, and it is encumbent on us to make careful selection of applicants and to give them the best possible training. The reputation that our former staff members are making for themselves in their chosen medical work is extremely gratifying to the permanent members of the staff. The good reports, which we have of them, stimulate us to renewed efforts to make the service ever a better one. The good reputation of past members acts to send to us each year better applicants for our places. It is encumbent on present members to live up to the high standard set by their predecessors.

Hospital Individuality

A hospital, like an individual, has a personality. This personality is a complex of attributes derived from the personality of the individuals composing the staff. Each member plays his part in determining the personality of the institution. Again, as in an individual, part of the personality is made up of inherited traits. The inheritance, in this sense, has an increasing importance as the years go by, for the deeply rooted traits of an inherited personality tend to become a permanent attribute, at least one difficult to change in case it should become undesirable. All members of the present staff have a part in determining what the future character of the Peter Bent Brigham Hospital is to be. Junior and senior member alike have an influence. That influence will be most effective when harmony exists. The harmonious relationships that have existed

within the staff from the opening of the hospital, as much as any single thing, have contributed to its reputation as a good place in which to receive a professional training. It is important for the future of the hospital that staff members continue to work in an harmonious, unselfish family relationship as in past years. An harmonious staff gives a more efficient and a more acceptable service to our patients, and this is an end always to be kept in mind.

To revert again to the comparison of the hospital to an individual, hospital personalities will differ as that of individuals. No two, perhaps, will ever be alike. The hospital needs to keep in touch with new developments in its fellows adapting to its own work what seems an improvement, but, with a personality of its own, influenced by its accumulating traditions, it will not be a mere imitation but an adaptation. It is likely that each hospital will develop its own methods, its own lines of investigation, its own schemes of attack on medical problems. Even if investigating the same problem, different hospitals will color the investigation with their own personality and contribute something different towards the solution of the problem. This is one reason why a claim of priority in any investigation is of very little importance and not worth worrying about. Rare is the discovery that in itself is of so transcendent importance that it is worth while making any claim of priority of discovery. It is the most worthwhile, not the first, study that one should seek to be known by. Just what problems are being investigated at any time and how depends on the individual training and interests of the staff members. As they change, the problems and methods change. A constant tendency to take up the latest methods in the

long run is not so conducive to good work as continuation along the lines already being followed. Spring styles in investigation are perhaps as ephemeral as spring styles in clothes. Yet the new is best not entirely neglected; the new is to be adapted rather than adopted in entirety. So often modern methods of investigation involve the use of complicated and expensive apparatus that that becomes of importance in planning a line of investigation. If an institution's laboratories are equipped with a certain form and type of apparatus, it is not wise to discard these merely to take up some new type of investigation involving a different, though no less complex and expensive, set of apparatus. It takes many years to exhaust the possibilities of new contributions to science from the use of any given type of apparatus. With limitations in their financial resources, it is highly uneconomic for hospitals to discard any but entirely obsolete machinery of investigation. This factor of expense of the apparatus of modern investigation again will act to hold different hospitals to certain lines of work and further differentiate them from each other. I am not sure but that in the end this will be advantageous to medical progress as keeping open a variety of lines of attack on medical problems. From the point of view of the individual member of a hospital staff it makes very little difference what problem he works at. The important thing is the development and training which the individual gets. Whatever he discovers sooner or later will help in the advance of medicine. If his interests develop along the lines of working at a problem needing complicated and expensive apparatus, not possessed by his institution, the individual can go to an institution already equipped and familiar with

these types of apparatus. Such migration of workers from place to place has a distinct educational and stimulative value anyhow.

A Research Fund Needed

Year by year the need of a fund of money to support research work is reiterated. The medical service of the Peter Bent Brigham Hospital possesses no such fund. To take space to state why a research fund is desirable scarcely seems necessary in this day and time. Funds for special purposes of investigation have been given in the past; their usefulness is proved by what they accomplished as reported from year to year; these funds have been expended completely. The hospital should have an endowment whose income could be applied in the study of the cause, mechanism and treatment of disease. It is earnestly hoped that some benefactor will provide us with such a research fund. Scarce a day passes that does not present a patient with some condition still but little understood; it is for the investigation of such problems that we seek funds; money so applied almost invariably improves greatly the condition of the individual patient; knowledge gained in the study may be of exceeding benefit to many of the sick, not alone at the Peter Bent Brigham Hospital, but anywhere.

Published Work

During 1925 certain lines of investigation have been pursued by the members of the staff as shown by the following list of publications. Some of these represent work actually done in the preceding year, but, according to our custom, only noted in the

Annual Report after completion and publication, thereby avoiding duplication in being noted, once when the work is under way and the second time when completed and published.

Christian, Henry A. The Heart and its Management in Myxedema. Rhode Island Med. Jour., 1925, VIII, 109.

—— The Achlorhydria Family Tree of Diseases. Northwest Medicine, 1925, XXIV, 531.

—— Classification of Chronic Nephritis. Jour. Am. Med. Assoc., 1925, LXXXV, 1701.

—— Cardiac Infarction, an Easily Diagnosable Condition. Northwest Medicine, 1925, XXIV, 601, and Am. Heart Jour., 1925, I, 129.

—— Some Clinical Similarities Between Patients with Pernicious Anemia and those with Polycythemia. Med. Clinics of No. Am., 1925, VIII, 1403.

—— Some Problems of Medical Investigation and Medical Education. The Univ. Record, XI, 1925, and Science, 1925, LXII, 551.

—— What Part does Anemia Play in the Symptomatology of Pernicious Anemia? Southern Medicine and Surgery, 1925, LXXXVII, 59.

—— General Consideration of Nephritis (Revision). Oxford System, Vol. III, 583, New York, 1925. (With James P. O'Hare.)

—— Acute and Chronic Nephritis; Essential Vascular Hypertension; Renal Arteriosclerosis (Revision). Oxford System, Vol. III, 641, New York, 1925. (With James P. O'Hare.)

Frothingham, Channing. The Problem of Rheumatism. Med. Clinics of No. Am., 1925, VIII, 91.

—— What may be Expected from the Use of Digitalis in Heart Disease? New Hampshire Med. Soc. Trans., May 19, 1925.

—— The Auricles in Cases of Auricular Fibrillation. Arch. Int. Med., 1925, XXXVI, 437.

Fitz, Reginald. The Possibilities of Insulin in General Practice. Boston Med. & Surg. Jour., 1925, CXCII, 519.

FITZ, REGINALD. Thomas Sydenham, Our Model Practical Physician. Boston Med. & Surg. Jour., 1925, CXCII, 171.

—— Clinical Problems in the Diagnosis and Treatment of Diabetes Mellitus. Med. Clin. of No. Am., 1925, VIII, 1451.

—— Clinical Observations on the Effect of Insulin. Northwest Med., 1925, XXIV, 368.

FITZ, REGINALD, and MURPHY, WILLIAM P. Diabetes, Insulin and Pregnancy. Boston Med. and Surg. Jour., 1925, CXCIII, 1092.

FITZ, REGINALD, and LAUTZ, AMALIA. Certain Tendencies of Modern Hospital Dietaries for Normal People. Jour. Am. Dietetic Assoc., 1925, I, 9.

STURGIS, CYRUS C. Cases of Exophthalmic Goiter Illustrating the Spontaneous Course of the Disease and the Effect of Various Types of Treatment. Med. Clinics of No. Am., 1925, VIII, 1465.

—— The Heart and its Management in Hyperthyroidism. Rhode Island Med. Jour., 1925, VIII, 141.

STURGIS, CYRUS, and GREENE, JAMES A. Nutritional Changes in Exophthalmic Goiter: The Effect of Lugol's Solution. Arch. Int. Med., 1925, XXXVI, 561.

STURGIS, CYRUS C., and WHITING, WALTER B. The Treatment and Prognosis in Myxedema. Jour. Am. Med. Assoc., 1925, LXXXV, 2013.

BERGLUND, HILDING. How much do we Know about the Relationship between Uric Acid and Gout? Med. Clinics of No. Am., 1925, VIII, 1635.

DOCK, WILLIAM, and HARRISON, T. R. The Blood-Flow through the Lungs in Experimental Pneumothorax. Am. Review of Tuberculosis, 1925, X, 534.

EMERY, E. S., Jr. Disordered Function of the Colon. Med. Clinics of No. Am., 1925, VIII, 1765.

—— The Treatment of Gastric and Duodenal Ulcers. Boston Med. and Surg. Jour., 1925, CXCIII, 1133.

EMERY, E. S., Jr., and GORDON, BURGESS. The Effect of Roentgenotherapy on the Human Heart. Am. Jour. Med. Sc., 1925, CLXX, 884.

Gordon, Burgess. The Value of Venesection in the Treatment of the Decompensated Heart. Am. Jour. Med. Sc., 1925, CLXX, 671.

—— The Effect of Effort on the Size of the Heart: Observations on Animals and Marathon Runners. Am. Jour. Roentgenology and Radium Therapy, 1925, XIV, 424.

Gordon, Burgess; Matton, Marcel; and Levine, S. A. The Mechanism of Death from Quinidine and a Method of Resuscitation; an Experimental Study. Jour. Clin. Investigation, 1925, I, 497.

Gordon, B.; Kohn, L. A.; Levine, S. A.; Matton, M.; Scriver, W. de M.; and Whiting, W. B. Sugar Content of the Blood in Runners Following a Marathon Race. Jour. Am. Med. Assoc., LXXXV, 508.

Grabfield, G. P. Further Studies on the Effect of Iodides on the Nitrogen Metabolism. Jour. Pharm. and Exp. Therap., 1925, XXV, 411.

—— Effect of Pituitary Preparations on the Nitrogen Metabolism. Endocrinology, 1925, IX, 144.

—— Spinal Fluid in Diagnosis. Oxford Medicine, Vol. VI, 1117, New York, 1925.

Kohn, Lawrence A. Rapid Pneumococcus Type Determination in Lobar Pneumonia by Krumwiede's Method. Jour. Am. Med. Assoc., 1925, LXXXIV, 1733.

—— Recurrent Type I Pneumonia. Jour. Am. Med. Assoc., 1925, LXXXV, 1888.

Levine, S. A., and Cohn, A. E. The Beneficial Effects of Barium Chlorid on Adams-Stokes Disease: Report of Three Cases. Arch. Int. Med., 1925, XXXVI, 1.

Levine, S. A., and Newton, F. C. The Selection of Patients with Angina Pectoris for Sympathectomy; with a Report of Additional Cases. Am. Heart Jour., 1925, I, 3.

Levine, S. A., and Wilmaers, A. Is Quinidine of Value in the Treatment of Auricular Fibrillation? Boston Med. and Surg. Jour., 1925, CXCII, 388.

Minot, George R. Progress in the Knowledge of Blood Conditions. Boston Med. and Surg. Jour., 1925, CXCII, 1. (With members of the staff of medical service of Collis P. Huntington Memorial Hospital of Harvard University.)

MINOT, GEORGE R. A Case of Generalized Enlargement of Lymph Nodes and Hypertrophy of Spleen Associated with Chronic Focal Infection. Med. Clinics of No. Am., 1925, VIII, 1411.

—— The Physician, Student and Medical Social Worker. Boston Med. and Surg. Jour., 1925, CXCIII, 1090.

MINOT, GEORGE R., and BUCKMAN, THOMAS E. The Blood Platelets in the Leukemias. Am. Jour. of Med. Sc., 1925, CLXIX, 477.

MINOT, GEORGE R., and ISAACS, RAPHAEL. Transfusion of Lymphocytes; their Rapid Disappearance from Circulation of Man. Jour. Am. Med. Assoc., 1925, LXXXIV, 1713.

MINOT, GEORGE R.; ISAACS, RAPHAEL; and BROCK, BENJAMIN. Resistance of Immature Erythrocytes to Heat. Jour. Clin. Investigation, 1925, I, 425.

MURPHY, WILLIAM P. Five cases of Diabetes and Coma. Med. Clinics of No. Am., 1925, VIII, 1517.

MURPHY, WILLIAM P., and WILSON, PERRIN T. A Study of the Value of Osteopathic Adjustment of the Fourth and Fifth Thoracic Vertebrae in a Series of Twenty Cases of Asthmatic Bronchitis. Boston Med. and Surg. Jour., 1925, CXCII, 440.

—— A Study to Determine the Presence of an Osteopathic Lesion in Disease of Recognized Pathology. Boston Med. and Surg. Jour., 1925, CXCII, 543.

O'HARE, JAMES P. Urinalysis. Med. Clinics of No. Am., 1925, VIII, 1743.

ROOT, H. F., and BAKER, MARION L. Inulin and Artichokes in the Treatment of Diabetes. Arch. Int. Med., 1925, XXXVI, 126.

ROOT, H. F.; JOSLIN, E. P.; and WHITE, PRISCILLA. Diabetic Coma and its Treatment. Med. Clin. of No. Am., 1925, VIII, 1873.

ROOT, H. F.; JOSLIN, E. P.; WHITE, PRISCILLA; and KIEFER, E. D. A Death from Diabetic Coma and Why. Clinics of No. Am., 1925, VIII, 1921.

STECHER, R. M. Recurrent Oculomotor Paralysis: Report of a Case. Boston Med. and Surg. Jour., 1925, CXCIII, 1239.

Group Study of Patients

To facilitate and improve service to our patients, groups of those suffering from certain diseases report at specified times to the Out-Door Department and are met by one or several members of the staff particularly interested in their disease. As the years go by this class or group method shows an increasing usefulness. In 1925 a number of such groups were being managed in the Out-Door Department. The asthma group, under Dr. Chandler Walker, illustrates particularly well the usefulness of the group method in caring for many visits, for to this clinic 8,822 visits were made by patients suffering with asthma and hay fever; 363 new patients were tested; 246 old patients returned for tests and 86 other patients were tested, a total of 695; 8,127 treatments were given. Very few of these patients enter the house.

Smaller groups are represented by the nutrition group, under the guidance of Miss Tubbs, largely obesity patients, with 719 visits; the syphilis group under Dr. Alt, with 340 patients; the non-tubercular pulmonary group, under Dr. Grabfield, with 250 visits; and the cardiac group under Dr. Levine, with 598 visits.

In the syphilis group patients received intramuscular therapy in the Out-Door Department while entering the house for intravenous and intraspinous treatment. Results in special cases from a bismuth salt given intramuscularly was quite gratifying.

For several years Dr. Grabfield in his group has been studying the therapeutic results from drugs of the quinine group. With "eucupin" he has obtained improvement in about 25 per cent of the patients

with chronic bronchitis, but no evidence to show, as had been claimed, that it was in any way a specific for this condition.

Under Dr. N. K. Wood a tuberculosis class meets at the Peter Bent Brigham Hospital. It is conducted under the auspices of the Arlington Street Church. Meeting at the Peter Bent Brigham Hospital, it provides a splendid means of care for those of our patients with tuberculosis who fit the requirements of this class. To the class during the year 489 visits were made by 43 patients, while 109 additional examinations were made at Dr. Wood's office and 375 visits were paid to patients in their homes by Mrs. Tufts, the social worker of the class.

A new group, an arthritic group, was organized under Dr. Hall late in the year, where at present special study is being given to the possible relation of low metabolism to chronic arthritis.

Other groups being handled are those patients with nephritis, hypertension, diabetes, goiter and gastrointestinal disease. These groups represent a somewhat greater combination of hospital and ambulatory observation than in the other groups, and are discussed in the following pages. For this discussion I am indebted very largely to the member of the staff in special charge of each group.

Hypertension and Nephritis Group of Patients

As in past years, Dr. James P. O'Hare has been in special charge of patients with hypertension and nephritis, and has studied them both in the House and in the Out-Door Department with the aid of Drs. Hugo Altnow, Thomas D. Christian, Jr., Abner W. Calhoun, and a technician. In the Out-Door

Department patients of this group report for periodic study of their renal function and general condition and for advice as to diet and suitable therapy. They come periodically into the wards for closer observation and special treatment. In this way, consecutive, careful study and prolonged application of therapeutic measures are possible. The individual patient benefits from such careful supervision. The data obtained from these patients form the basis of a possible advance in our knowledge of hypertension and nephritis. In the laboratory Dr. O'Hare, with the aid of his associates, has been studying a type of experimental lesion in animals produced by the Roentgen-ray, which in numerous respects simulates the progressive degenerative changes that go on in chronic nephritis, and will give a means of studying in animals a slowly progressive impairment of renal function in its results on the general body mechanism.

In this group of patients it is not possible advantageously to follow very large numbers of individuals, since the observations are time-consuming and the patients must possess intelligence to co-operate in adhering to a diet at home and the willingness to report to the hospital at regular intervals over a long period of time. It is the aim to select for this sort of study patients that it is probable will keep in close touch with the hospital throughout the remainder of their lives, — a period not of months but of years. It simulates, on the part of the hospital, the relationship that exists in family practice between the patient and his physician; it adds to this relationship the resources of the hospital for special tests, elaborate methods of examination, etc. It is one type of group or class work as we have developed that phase of hospital service at the Peter Bent Brigham Hospital.

In the Out-Door Department, the Nephritis Class for 1925 has been composed of 96 patients making 507 visits to the clinic. During the year 9 members died. Two died at their homes and no autopsy was performed; of the other seven patients five came to autopsy. Two were of particular importance in our studies because at operation during the course of their nephritis small bits of kidney were removed for histological study. It is rare to be able to study under the microscope sections of the kidney obtained at two stages in the progression of nephritis in man, as is possible in these two cases.

Year by year, with this group study, we are adding to our records data on patients accumulated during many observations as their disease progresses to the end, and then by post-mortem study determining the anatomical changes that have been produced in the body organs. This data will be of very great value in securing a better understanding of the nephritis problem.

Toward the end of the year opportunity was offered us to study the effect of liver extract on blood pressure. From the renal clinic a group of well-studied patients could be selected for study. Their blood-pressure range under varying conditions was known. They already were living under dietary and other regulations. Their reaction to hospital régime was known. They furnished an admirable group on which to test out a new therapeutic measure, as their past reactions served as excellent controls of any changes obtained from the new procedure. This is another example of the value of this group method of study.

Thyroid Patients

The use of iodine in the pre-operative management of hyperthyroidism has increased the internist's interest in thyroid disease. A better follow-up of these patients was desirable. Group management in the Out-Door Department seemed a feasible method to accomplish this, and so a group was organized under Dr. Sturgis in the summer of 1924. With the efficient aid of Miss Mina M. Brown of the Social Service, it was possible to have a large percentage of patients, who had been operated on for exophthalmic goiter, return frequently for examination. The improvement in those patients, particularly those with combined exophthalmic goiter and cardiac failure after partial thyroidectomy was very striking.

Another observation of importance has been the recognition of a mild myxedema which has developed in several patients who were treated with iodine prior to the surgical treatment of the thyroid gland. This condition has been readily controlled in these patients by the use of dried thyroid gland given by mouth, and appropriate measures have been introduced to avert such occurrences in the future.

As a result of the accurate information which has been accumulated by the study of these patients with exophthalmic goiter, a basis is being found from which to conclude how often the disease recurs following operative procedures, and the efficacy of a second operation, as well as the frequency of post-operative myxedema and how to avoid it. Additional and more extensive data bearing on these aspects of treatment will be of great importance as a guide to treatment in future years.

A second object of this clinic has been an attempt to treat patients with spontaneous myxedema more efficiently, and the results of this phase of the work have been very satisfactory, as these patients have returned for periodic examination at regular intervals, and had their thyroid therapy adjusted to the most efficient level. It has been observed from the study of a group of patients with this disease that relapses occur frequently unless they have rigid medical supervision over a long period of time.

A third group of patients who have been studied with great interest are those with simple goiter, and a rather unusual proportion of patients with this condition have appeared during the past year. Various methods of treatment have been used, and it is hoped that the results may be observed over a number of years in order to determine definitely the value of each type of treatment.

The thyroid clinic serves two very useful purposes: it facilitates a much better follow-up care of a group of patients that often do badly if not watched and guided carefully, and it gives the opportunity for a desirable type of clinical investigation. In the study of these patients frequent determinations are made of their basal metabolic rate, and so the metabolism laboratory of the hospital is an important adjunct in this group of patients to other observations and various therapeutic procedures carried out while the patients are in the hospital or while living at home and making periodic visits to the Out-Door Department.

Diabetic Patients

During the past year, insulin has continued to prove of immeasurable value in the management of our diabetic cases. No cases of uncomplicated coma have died in the hospital, and the majority of our severest cases have, on the whole, improved satisfactorily under the combination of insulin and diet therapy. More patients are given the drug now than formerly, in part to shorten the length of hospitalization necessary for the milder cases, and in part because so may patients, who could get along without it, utilize so much additional food and derive such comfort from a single or two small doses a day, that it has seemed advisable to let them have it.

The broader aspects of the diabetic problem are becoming of increasing importance. By making routine X-ray pictures of all our diabetic chests, for example, a surprising number of unsuspected tuberculous diabetics have been discovered and their most advantageous treatment is an important problem. A careful correlation between the case histories, laboratory data and post-mortem findings continues to emphasize the importance of arterial disease as a fundamental cause of diabetic deaths and that an infection of any sort is always serious and often fatal. Investigations on the effect of insulin on the water metabolism of diabetic patients, on the effect of insulin on the blood chemistry of comatose patients, and on the effect of long-continued use of insulin on the course of diabetes are in progress, and a complete report of the Hospital's experience with diabetic gangrene is in preparation. Study of diabetics in the wards is supervised by Dr. Fitz.

The Diabetic Clinic in the Out-Door Department,

under the supervision of Dr. Howard F. Root, has had an interesting year. The Clinic's statistics for the year may be summarized as follows: 224 different patients were seen; of these, 93 were new patients or ones reinstated after a lapse of several years; the average weekly attendance was 15. The group of patients using insulin is somewhat larger than last year, and, on the whole, is doing well. One man, who more than a year ago left the hospital ward after severe acidosis with myocardial weakness and edema, reported recently sugar-free, taking a lower insulin dosage and having been steadily at work for a year. His gain in weight was moderate, but his gain in strength was great. Three patients have been, or are being, followed through pregnancy. One of these, who reports to the Lying-In Hospital and the Diabetic Clinic on the same day, is now in her fifth month, sugar-free, having reduced her insulin dose to five units. One man, aged fifty years, with diabetes of twelve years' duration, takes fifteen to twenty units of insulin a day, and recently underwent an exploratory trephining of the skull by Dr. Horrax. In only two instances has insulin treatment been started in the clinic without previous ward treatment. It is probable that this can be carried out safely more frequently.

The Out-Door Clinic has become more closely affiliated than heretofore with the work in the wards. Dr. Blotner, an Assistant Resident Physician, has been regularly assigned to it, and there are a sufficient number of dietitians to properly supervise the dietetic instruction of both ward and ambulatory cases. The assignment of an Assistant Resident Physician to the Clinic has proved of great value, thus establishing a definite liason between the ward and out-patient

work. This is an important forward step because on account of the chronicity of diabetes, more valuable information is likely to result from the continued study of a group of these cases over a period of years than from their intensive study during a short period of hospitalization, and a man thoroughly familiar with the house cases can continue their supervision in the Clinic to better advantage than when the Diabetic Clinic and ward work were relatively independent. We hope that Miss Cheney may succeed in obtaining the services of a social worker for the Clinic who can do the practical field work of actually demonstrating in certain patients' homes how to prepare the diets ordered by the Clinic doctor and Clinic dietitian. Such a development of social service would seem important because it is one thing for a patient to learn how to cook and measure a diabetic diet in a well-equipped laboratory kitchen, and another thing for the patient to cook and prepare it in the family kitchen from the family dishes and with the family cooking utensils.

Gastrointestinal Disease

With the gastrointestinal patients a study is being conducted in the wards and Out-Door Department as to the value of the Sippy method of treatment of gastric and duodenal ulcers. All patients suffering from this desease are admitted to the wards for such a time as is necessary to make sure that the patient has learned the theory of the treatment and the method of carrying it on so that he may continue the treatment after discharge from the wards. He is then asked to report regularly to the Gastrointestinal Clinic of the Out-Door Department for guidance

and advice. In this way it is hoped that an adequate number of patients can be followed over a sufficient period of time to permit an ultimate evaluation of the use of this therapeutic measure. To this same clinic the surgeons are referring many of their ulcer cases which have been operated on for follow-up dietary treatment. This should afford data for a judgment as to the relative efficiency of these two methods of treatment; there is surprisingly little satisfactory data on the results of the various therapeutic procedures for this not uncommon ailment.

The introduction of cholecystography marks the greatest advance in the diagnosis of gastrointestinal conditions since the discovery that the taking of a bismuth or barium salt by mouth would permit the study of the stomach and intestine by the X-ray. But, like most tests in medicine, the X-ray is not one hundred per cent perfect. Although it has been of incalculable benefit in the diagnosis of gastrointestinal conditions, there has been a tendency to rely too much upon the X-ray. We now realize that by the time a carcinoma of the stomach can be demonstrated by the X-ray it is usually too late to do anything about it, so an attempt is being made to study anew the older methods of diagnosis to see if in view of our present knowledge they can be put to greater use than has been done in the past decade or so. With this purpose in view, one of the house officers has been making a study of gastrointestinal bleeding by means of the different chemical tests. Another has been studying the achyliagsttrica cases by means of the neutral red test, while still another has been studying the possible relationship between symptoms and stomach acidity. All of this work is of value, as gastroenterology needs figures and careful

study to clear up the various truths, half truths, and misconceptions which are so frequent.

Advances in the understanding of the so-called functional gastrointestinal cases have been slow. These are the cases which experience distress without any organic pathology being evident. The comparatively recent conception of the colon as being a source of many abdominal distresses has had the tendency of turning the eyes of the profession to parts other than the much abused stomach, and the attempt to localize more carefully a patient's symptoms should lead to a clearer understanding with what portion of the tract we have to deal. A clearer understanding will come of these cases when the factors involved in the production of distress of the gastrointestinal tract become known. This is a most difficult undertaking, as the recourse to animal experimentation can be of value only in an indirect way. At present, however, some work is being undertaken in the laboratory with animals in an attempt to solve some of the problem, but the answer to this problem will probably have to be obtained through painstaking careful study of a large series of patients.

Any careful data that may be obtained on patients with functional disturbances is most desirable, as at present the diagnosis represents a catch-all for the large majority of gastrointestinal cases about whom nothing is known. As our knowledge increases, it should be possible to rescue a large number of these cases from the general category, much as the dermatologists are doing in the problem of eczema. Along this line, the recognition of intestinal tuberculosis by means of the X-ray is a point in fact, and during the past year several cases of suspected tuberculosis of the ileo-cecal region have been carefully studied in

the ward, later to be followed in the Gastrointestinal Clinic. This has resulted in some gain in knowledge, though it is far from clear just how the X-ray findings suggestive of cecal tuberculosis are caused, especially in some of our patients in whom operation has shown no signs of tuberculosis in the wall of the cecum.

In the Out-Door Department during 1925 sixty-four patients were being studied in the Gastrointestinal Clinic. These made three hundred and thirteen visits, allowing of a number of careful observations. Miss Tubbs, the hospital dietitian, has co-operated in a very useful way, in directing patients in the preparation of diets recommended for them to follow. Dr. E. S. Emery, Jr., has been in special charge of the gastrointestinal patients in both wards and Out-Door Department.

The Hospital and the Family Physician

A considerable proportion of our patients are referred to the wards by their physicians rather than entering through the Out-Door Department. The Hospital has a duty to see that these physicians and their patients profit as much as possible from our study of these patients. It is our custom to send to the recommending physician, as soon as the patient enters, a postcard stating this fact and inviting the physician to join on the ward visit on some day at which time his patient can be discussed or to communicate by telephone or otherwise with the house officer in charge, mentioned by name, to secure any data we may have obtained bearing on the patient's condition. From the physician we in turn obtain much information of great help to us. On discharge the

patient is referred back to the recommending physician unless he requests us to continue in direction of the patient through some of our Out-Door Department classes. A formal letter to the physician, giving results of our findings, in addition to such information as the physician receives from the house officer, in a larger number of instances than at present would improve our service both to patients and their physicians, and will, I hope, be inaugurated soon.

The service recognizes the right of the physician to expect our closest co-operation with him. Unfortunately, at times misunderstandings do arise and a physician feels that he has been badly treated because his patient does not return to him. All such occurrences are entirely unintentional on our part; at times they cannot be avoided because the patient declines to return to the recommending physician; over this attitude we can have no control.

Many of the referring physicians are most cooperative in answering our follow-up letters, and to them we owe a debt of thanks because it is very troublesome to furnish this data. Very often the physician takes much trouble to secure the information for a reply, and we appreciate greatly his helpfulness.

To physicians who complain, saying the hospital takes away their patients, it is well to point out that the hospital throughout all departments has more patients than it can satisfactorily handle. The last thing it desires is to augment this by patients who otherwise will secure adequate professional service, but it cannot avoid taking the patient who, otherwise suited, demands that the hospital care for him, and particularly those who to us make the statement

that they have no physician who has been in charge of them.

In the Out-Door Department group follow-up method perhaps most misunderstandings occur. Patients desire to continue a treatment under the supervision of those who have begun it. Sometimes in planning for discharge, the fact that the patient has been referred to us by his physician is overlooked. At times the patient reports a few times to give a better check up of our work, and inadvertently becomes more permanently attached. We continuously do our best to prevent these happenings, but we do not always succeed. For these errors we are sorry. We are glad to have the physicians of patients see their patients with us and share what observations we make on them, and we desire in every instance that the patient return to the referring physician. With many referring physicians we have succeeded in establishing most cordial relations. We trust that this group will ever augment, and to them we may become increasingly helpful in their care of their patients. To serve our clientele of physicians, who refer their patients to us, is an important duty of the hospital.

X-rays on Medical Patients

The increasing usefulness of X-ray examinations on our medical patients is obvious. A highly intelligent and technically skillful roentgenologist, such as we have in Dr. Sosman, is a great asset to the work of the medical service. His annual report shows a very high percentage of patients on whom some X-ray examination is made. To deduce from this that the X-ray study of patients is necessary

from the point of view of satisfactory diagnosis and treatment to any such degree would be an error.

A certain percentage of X-rays are taken as part of some special study, for example, an X-ray of the lungs of every diabetic, which we have been having done, to get a correct idea of the frequency of the lesions of pulmonary tuberculosis in diabetes, or X-ray of the legs of diabetics in a study of the frequency of arteriosclerosis with calcification. A certain percentage of X-ray examinations are for improvement in skill in the usual methods of physical diagnosis; this is especially for the younger group of the staff. In this group come many of the X-rays of lungs in pneumonia cases and films at 7-foot distance of the heart in cardiac disease. Some X-rays are merely to obtain a permanent record for future investigation or to compare with later changes in the patient. Often X-rays are repeated merely to measure progression and retrogression in a lesion. Many are to exclude certain possibilities, even remote ones, in the interest of our patients. Not infrequently X-ray studies are made to satisfy the patient in regard to some point, such as gastrointestinal X-ray study in patients fearful of cancer of the stomach; such may have a very definite therapeutic effect by negation. A certain number are the result of the patient's own instance. Some of our patients come with very indefinite histories; they are probably suffering entirely from functional disturbances; to exclude in them by any means, including X-ray, as many organic lesions as possible really expedites their period of observation in the hospital. To save time not infrequently X-ray studies are made along with other types of observation; the latter may give the diagnosis and the X-ray would not have

been necessary had it awaited the completion of the other method of study; to do them in sequence might have required six days when both were accomplished simultaneously in three. Many X-rays are merely confirmatory of diagnosis already very definitely established; very many cases of carcinoma of the stomach come in this group. Junior officers, in their eagerness to be thorough, often order too many X-ray examinations rather than wait for the more mature judgment of the case based on careful history and physical examination with discussion by the older and more experienced of the staff. These and other factors serve to multiply X-ray examinations in the type of hospital as represented by the Peter Bent Brigham Hospital beyond those, strictly speaking, necessary in the efficient care of the patients.

There are certain disadvantages in so many X-rays. One of these is a tendency to neglect other methods of examination and really lose skill in these simpler methods, so when confronted by the patient in his home, remote from X-ray apparatus, one is well-nigh helpless. Occasionally the X-ray fails to show a lesion that might have been found by skilled use of other methods of examination; the negative X-ray may yield a false security that delays the discovery of a lesion not carefully and frequently sought for by other methods. Not infrequently valuable time is lost in awaiting an X-ray, and the patient's chance of recovery is jeopardized. Paying patients undergo unneeded expense. Too many X-ray requisitions overload the X-ray department with work and prevent a greater concentration of their skill where it would be of greater usefulness.

There is always a fair query as to how far one should go in the effort to find some remotely possible

or totally unexpected lesion. Very extensive routine X-ray examinations undoubtedly would reveal an occasional finding of this nature. Are such worth all of this expenditure of time and money? Probably not. Selection as to what X-ray examinations to carry out in individual patients is made with greatest success by the clinician of widest range of knowledge. Less haste in ordering X-rays would probably decrease the actual number made without in any way decreasing the value of the X-ray in the diagnosis and treatment of our patients. I feel very certain that at present we are overdoing in the number of X-rays. A reduction in number could be made without decreasing the efficiency of service rendered to our patients. In presenting these views do not get the idea of any undervaluation of the X-ray in medicine. It is one of our most useful means of studying patients. Often it makes a correct diagnosis otherwise not possible. However, it is but one method, and there are things that it cannot do in diagnosis and fields in which its usefulness is very limited. It would be most unfortunate were its great utility to lead to any lessened cultivation of other methods of study. This may happen unless it is deliberately guarded against. The general views in regard to X-rays, expressed in the previous paragraphs, are in accord with those of Dr. Sosman, our Roentgenologist, as brought out in conversation with him.

The preceding pages summarize the main interests of the medical service during 1925. During the year, in wards and Out-Door Department, many individuals have been brought into helpful contact with members of the medical service and received advice and treatment based on their study in the various

subdivisions of the Peter Bent Brigham Hospital. Mechanical equipment and personnel have combined to this end. The number of patients treated appears in such brief statistical tables as we have thought worthy of retention in our annual report. To us an evidence of how well we meet our obligations to our patients is found in their desire to return to the Peter Bent Brigham Hospital when needing further medical or surgical help. The many readmissions, in this sense, are very pleasing to us.

That the year's work has been satisfactory is due to the efforts of the members of the staff, with the fine co-operation of the members of the other divisions of the hospital organization. The medical service extends its thanks to all those who have so satisfactorily co-operated in its efforts.

HENRY A. CHRISTIAN,
Physician-in-Chief.

Summary of Medical Report

January 1, 1925, to January 1, 1926

Total number of admissions in 1925		2,026	
Total number of medical cases remaining in the wards January 1, 1925		87	
			2,113
Total number of medical readmissions discharged in 1925	410		
Total number of medical new cases discharged in 1925	1,616		
		2,026	
Total number of medical cases remaining in the wards January 1, 1926		87	
			2,113
Results on medical cases discharged in 1925 were as follows:			
Total number discharged well	139		
improved	1,189		
unimproved	123		
untreated	268		
transferred to Surgical Service	128		
dead	179		
		2,026	
Total number of medical cases remaining in the wards January 1, 1926		87	
			2,113

Surgical Hospital No. 6

A Unit of the Organized Reserves of the Army of the United States

PURSUANT to a request from the War Department, there has been established by appointment from the Adjutant General's Office personnel to compose a surgical hospital.

"This is a type of unit, a legacy from the World War, evolved in order to provide for the class of battle casualties known as non-transportable wounded. When first adopted during our operations overseas it was designated as a Mobile Hospital and retained that name throughout the war. These units were designed in order that a well-equipped and standardized surgical hospital, capable of being easily transported and providing facilities for competent and immediate surgical aid of an expert character to the seriously wounded, might be brought to the patient close to the battle line, instead of removing any chance of recovery that the non-transportable man might have by conveying him an uncertain distance to another hospital in the rear."

The personnel of the unit is as follows:

Commanding Officer — Lieut. Col. William Carter Quinby, Med., O. R. C.
Chief of Surgical Service — Major Gilbert Horrax, Med., O. R. C.
Chief of Medical Service — 1st Lieut. Burgess Gordon, Med., O. R. C.
Roentgenologist — Capt. Merrill Clary Sosman, Med., O. R. C.
Dental Surgeon — Capt. Harrison Lindsay Parker, Dent., O. R. C.
Asst. Operating Surgeon — Capt. Fletcher Hatch Colby, Med., O. R. C.
Asst. Operating Surgeon — 1st Lieut. Harlan Fay Newton, Med., O. R. C.

Asst. Operating Surgeon — 1st Lieut. Roy Glenwood Spurling, Med., O. R. C.
Asst. Operating Surgeon — 1st Lieut. Percival Bailey, Med., O. R. C.
Asst. Operating Surgeon — 1st Lieut. Clarence E. Bird, Med., O. R. C.
Asst. Operating Surgeon — 1st Lieut. Richmond L. Moore, Med., O. R. C.
Asst. Operating Surgeon — 1st Lieut. Leo Max Davidoff, Med., O. R. C.
Asst. Operating Surgeon — 1st Lieut. Leroy Edward Parkins, Med., O. R. C.
Asst. Physician — 1st Lieut. Guy W. Wells, Med., O. R. C.

Miss Mabel McVicker is Chief Nurse of Surgical Hospital No. 6, and has enlisted a nursing corps for the Unit consisting of nineteen of our recent graduates.

WILLIAM C. QUINBY,
Lieut. Col., Med., O. R. C.,
Surgical Hospital No. 6.

Visiting Physicians and Surgeons Pro Tempore

Dr. Frank Billings
M.D., Northwestern Univ., 1881; M.S., *ibid.*, 1890; Professor of Medicine, Univ. of Chicago; Visiting Physician from May 15 to May 20, 1916.

Dr. Lewis A. Conner
Ph.B., Yale Univ., 1887; M.D., Columbia Univ., 1890; Physician, New York Hosp., 1905; Prof. Clin. Med., Cornell Univ. Med. School, 1905–16; Professor of Medicine, *ibid.*, 1916; Visiting Physician, April 8 to April 15, 1923.

Mr. George E. Gask
Graduate of St. Bartholomew's Hosp., London, England; Consulting Surgeon, B. E. F., receiving C.M.G. and a D.S.O.; Surgeon-in-Chief, St. Bartholomew's Hosp.; Visiting Surgeon, March 20 to April 3, 1921.

Dr. Evarts Graham
M.D., Rush Medical College, 1907; Professor of Surgery, Washington University, St. Louis, Missouri; Visiting Surgeon, April 26, 1925–May 3, 1925.

Dr. James B. Herrick
A.B., Univ. of Mich., 1882 (Hon. A.M., *ibid.*, 1907); M.D., Rush Medical College, 1888; Interne, Cook County Hospital, 1888–89; Instr. in Med., Rush Medical College, 1890–93; Adj. Prof., *ibid.*, 1894–1900; Professor, *ibid.*, 1900; Attending Physician, Presbyterian Hospital, Chicago, Ill., 1895; Visiting Physician, Feb. 15 to Feb. 21, 1924.

Dr. Albion Walter Hewlett
B.S., Univ. of Cal., 1895; M.D., J. H. M. S., 1900; Professor of Medicine, Leland-Stanford Jr. Univ., San Francisco; Visiting Physician, May 1 to May 4, 1915, and Jan. 2 to Jan. 8, 1916. Died Nov. 10, 1925.

Dr. Charles F. Hoover
M.D., Harv., 1892; Prof. of Med., Western Reserve University, Cleveland, Ohio; Visiting Surgeon, Feb. 3 to Feb. 9, 1924.

Dr. Henry Robert Murray Landis
A.B., Amherst, 1894; M.D., Jefferson Med. Coll., 1897; Director Clinical and Sociological Departments, Henry Phipps Institute, Philadelphia, Pa.; Visiting Physician, Jan. 18 to Jan. 25, 1919.

Dr. Dean DeWitt Lewis
A.B., Lake Forest Univ., 1895; M.D., Rush Med. Coll., 1899; Assoc. Prof. Surg., Rush Med. Coll., 1919–25; Attend. Surg., Presbyterian Hosp., Chicago; Prof. of Surg., Johns Hopkins Univ., 1925; Visiting Surgeon, March 15 to March 24, 1920.

PETER BENT BRIGHAM HOSPITAL

Dr. Thomas Lewis
M.D., Univ. College, London, England, 1906; Physician, University College, London, England; Visiting Physician, Oct. 26 to Nov. 2, 1914.

Dr. Warfield T. Longcope
A.B., J. H. U., 1897; M.D., J. H. M. S., 1901; Professor of Medicine, Columbia University, New York; Visiting Physician, Jan. 13 to Jan. 20, 1917.

Dr. William De B. MacNider
M.D., Univ. of N. C., 1903; Professor of Pharmacology, Univ. of N. C., 1905; Visiting Physician, April 13 to April 17, 1925.

Dr. Thomas McCrae
A.B., Univ. of Toronto, 1891; M.D., *ibid.*, 1895; M.D., *ibid.*, 1903; Fellow of Biology, Univ. of Toronto, 1892–94; Associate in Medicine, J. H. H., 1904–12; Associate Professor of Medicine, J. H. U., 1906–12; Professor of Medicine, Jefferson Med. Coll., 1912–; Physician to Jefferson and Penn. Hosps.; Fellow Royal Coll. of Phys. (England); Mem. Assoc. American Phys. (Secretary, 1916); American Philosophical Soc.; Lieut. Col., Canadian Army Med. Corps; Visiting Physician, March 13 to March 19, 1921.

Sir D'Arcy Power, K.B.E.
M.A., M.B., Univ. of Oxford, 1882; F.R.C.S. (England), 1883; Consulting Surgeon, St. Bartholomew's Hospital, London, England; Visiting Surgeon, April 20 to May 5, 1924.

Sir Harold J. Stiles
Kt., cr. 1918; K.B.E., cr. 1919; M.B., C.M., F.R.C.S., Edinburgh; Bt. Col., R. A. M. C.; Mem. Army Med. Advisory Board; Surgeon, Royal Edinburgh Hosp. for Sick Children, and Chalmers Hosp.; Professor of Clinical Surgery, 1919–1925; late Lecturer on Applied Anatomy, Univ. of Edinburgh; Visiting Surgeon, April 8 to April 21, 1923.

Dr. William S. Thayer
A.B., Harv., 1885; M.D., H. M. S., 1889; LL.D., Washington Coll., 1907; Professor of Medicine, J. H. U.; Physician-in-Chief, J. H. H.; Visiting Physician, Nov. 14 to Nov. 21, 1913.

Sir Cuthbert Wallace
C.B., 1918; K.C.M.G., 1916; M.B., B.S., London; F.R.C.S., Eng.; Surgeon to St. Thomas' Hosp.; Dean of St. Thomas' Hosp. Med. School; Late Surgeon, East London Hosp. for Children; Lecturer on Surgery, St. Thomas' Hosp.; served in South Africa as Surgeon to Portland Hosp., 1900; European War, 1914–18; Maj. Gen., A. M. S.; Consulting Surgeon, B. E. F., France; Visiting Surgeon, April 24 to May 8, 1922.

Dr. Rollin Turner Woodyatt
B.S., Univ. of Chicago, 1906; M.D., Rush Med. Coll., 1902; Assistant Professor, Rush Med. Coll.; Attending Physician, Presbyterian Hosp., Chicago; Visiting Physician, Dec. 16 to Dec. 23, 1921.

Register of Present Members of the Staff

Abbreviations

P. B. B. H.	— Peter Bent Brigham Hospital	M. G. H.	— Massachusetts General Hospital
B. C. H.	— Boston City Hospital	Harv.	— Harvard University
J. H. H.	— Johns Hopkins Hospital	H. O.	— House Officer

Alt, Howard L.

B.S., Northwestern Univ., 1923; M.D., *ibid.*, 1924; H.O. in med. and surg., *ibid.*, July, 1923–July, 1925; *Asst. Res. Phys., P. B. B. H.*

Altnow, Hugo Oskar

M.D., Univ. of Mich., 1907; Interne and Asst. Surg., Northern Pac. Ry. Hosp., Brainerd, Minn., 1907–09; Surg., Northern Pac. Ry., and Private Practice, Mandan, N. D., 1909–24; Visit. Phys., Mandan Deaconess Hosp., 1919–24; Grad. Asst. in Neurol., O. P. D., M. G. H., May 1–July 1, 1924; *Vol. Grad. Asst. in Med., P. B. B. H., April 1–July 11, 1924; Jr. Assoc. in Med., ibid., July 11, 1924–July 1, 1925;* Asst. in Med., Dept. of Med., Univ. of Minn.

Armstrong, Wilber P.

A.B., Univ. of Ill., 1920; M.D., Harv., 1923; Interne, Fifth Ave. Hosp., N. Y.; *Surg. H. O., P. B. B. H., Jan. 6, 1925–July 1, 1925.*

Bailey, Percival

B.S., Univ. of Chicago, 1914; Ph.D., *ibid.*, 1918; M.D., Northwestern Univ., 1918; Asst. in Embryology, Univ. of Chicago, 1914; Asst. in Anatomy, *ibid.*, 1914–15; Asst. in Anatomy, Northwestern Univ., 1915–17; Assoc. in Anat., Univ. of Chicago, 1917–18; Surg. H. O., Mercy Hosp., Chicago, 1918–19; *Asst. Res. Surg., P. B. B. H., April 1–Dec. 19, 1919;* Res. Phys., Neurol. Service, Cook County Hosp., Chicago, 1920; Res. Phys., Psychopathic Hosp., Chicago, 1920; Arthur Tracy Cabot Fellow, Harv., 1920–21; *Assoc. in Surg., P. B. B. H., Sept. 1, 1920–July 1, 1921;* Asst. Etranger à la Salpêtrière, Service du Prof. Pierre Marie, 1921–22; *Jr. Assoc. in Surg., P. B. B. H., July, 1922–September, 1923;* Asst. Etranger à l'hospice Sainte Anne, service du Prof. Henri Claude, 1925–26; Instr. in Surg. and Director of Lab. of Surg. Research, Harv.; *Assoc. in Surg., P. B. B. H.*

Berglund, Hilding

M.D., Univ. of Stockholm, 1916; S.D., *ibid.*, 1920; Asst. Phys., Stockholm Hosp., 1915–19; Asst. Prof. Int. Med., Univ. of Stockholm, 1920; *Asst. Res. Phys., P. B. B. H., July 5, 1921–Sept. 1, 1923;* Asst. Prof. Medicine, Harv.; *Assoc. in Med., P. B. B. H., Sept. 1, 1923–Nov. 1, 1925;* Prof. of Med. and Chief, Dept. of Med., Univ. of Minn.

Bird, Clare Edward
A.B., Univ. of Cal., 1920; M.D., Harv., 1923; Interne, Indian Harbor Hosp., Labrador, with Grenfell Mission, 1922; *Surg. H. O., P. B. B. H., July 1, 1923–Nov. 1, 1924;* Asst. in Surg. and Pathol., Yale; *Asst. Res. Surg., P. B. B. H.*

Blosser, Harold L.
A.B., Grinnell Coll., Grinnell, Iowa; M.D., Harv., 1925; *Pathol. H. O., P. B. B. H., Jan. 1, 1925–Jan. 1, 1926.*

Blotner, Harry H.
2 yrs. pre-med. work, Tufts, 1918–20; M.D., Tufts, 1924; Gen. Interne, Eastern Maine Gen. Hosp., July 1, 1924–July 1, 1925; *Vol. Grad. Asst. in Med., P. B. B. H., Aug. 1, 1925–Dec. 8, 1925; Asst. Res. Phys., ibid.*

Bradley, John I.
A.B., Georgetown Univ., 1920; M.D., Harv., 1925; Pathol. Interne, B. C. H., 1925; *Surg. H. O., P. B. B. H.*

Brill, Selling
M.D., Harv., 1924; *Surg. H. O., P. B. B. H., Nov. 1, 1924–Mar. 1, 1926.*

Brown, Charles Leonard
B.S., Univ. of Oklahoma, 1919; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H., March 1, 1922–July 1, 1923;* Res. Pathol., Children's Hosp., 1923–24; Instr. in Pathol., Harv.; *Res. Pathol., P. B. B. H., July 1, 1924–Sept. 1, 1925;* Teaching Fellow in Med., Harv.; *Res. Phys., P. B. B. H.*

Calhoun, Abner W.
A.B., Univ. of Ga., 1918; M.D., Harv., 1923; 2 mos. in tuberculosis work, Ray Brook, N. Y.; *5 mos. in pathol., P. B. B. H., Sept. 1, 1923–Mar. 1, 1924;* Med. H. O., B. C. H., Mar. 1, 1924–Nov. 15, 1925; *Asst. Res. Phys., P. B. B. H.*

Cannon, Walter Bradford
A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., *ibid.*, 1900; S.D., Yale, 1923; C.B. (military), 1919; D.S.M., 1922; Instr. in Zoölogy, Harv., 1899–1900; Instr. in Physiol., *ibid.*, 1900–02; Asst. Prof. Physiol., *ibid.*, 1902–06; Geo. Higginson Prof. Physiol., *ibid.;* Fellow, Am. Acad., 1906; Mem. Am. Philos. Soc., 1908; Mem. Nat. Acad. of Sciences, 1914; Croonian Lecturer, Royal Society, London, 1918; Corr. Mem., Société de Biologie, Paris, 1919; Reale Accademia delle Scienze, Bologna, 1921; Honorary Member, Sociedad de Biologia, Buenos Aires, 1922; Lieut. Col., M. C., U. S. Army; *Consult. Physiol., P. B. B. H.*

Cheever, David
A.B., Harv., 1897; M.D., *ibid.*, 1901; Surg. H. O., B. C. H., 1901–03; Asst. in Anat., Harv., 1903–08; Asst. Visit. Surg., B. C. H., 1905–12; Demonstr. in Anat., Harv., 1908–13; Asst. Prof. Surg. and Anat., Harv.; Chief Surg., 2d Harv. Unit, B. E. F., France, 1915–16; Assoc. Prof. of Surg., Harv.; *Surg., P. B. B. H.*

Christian, Henry Asbury
A.B. and A.M., Randolph-Macon, 1895; Grad. Stud., *ibid.*, 1895–96; LL.D., *ibid.*, 1923; M.D., Johns Hopkins, 1900; A.M., Harv., 1903;

Asst. Pathol., B. C. H., 1900–02; Asst. Visit. Pathol., *ibid.*, 1902–05; Asst. Visit. Pathol., Children's Hosp., Boston, 1902–05; Instr. in Pathol., Harv., 1902–05; Asst. Visit. Phys., Long Island Hosp., Boston, 1905; in charge of med. students, M. G. H., 1905–07; Instr. in Theory and Practice of Physic, Harv., 1905–07; Asst. Prof. in Theory and Practice of Physic, *ibid.*, 1907–08; Phys.-in-Chief, Carney Hosp., Boston, 1907–12; Dean, Faculty of Med. and of Med. Sch., Harv., 1908–12; Fellow, Am. Acad.; Corr. Mem., Wiener Gesellschaft f. innere Medizin, etc.; formerly Major, M. R. C., U. S. Army; (on leave of absence Oct. 1, 1919–Oct. 1, 1920, as Chairman, Div. of Med. Sciences, Nat'l Research Council, Washington, D. C.); Hersey Prof., Theory and Practice of Physic, Harv.; *Phys.-in-Chief, P. B. B. H.*

Christian, Jr., Thomas D.,
M.D., Harv., 1923; Med. H. O., B. C. H.; *Asst. Res. Phys., P. B. B. H., Jan. 1, 1925–Nov. 15, 1925; Jr. Assoc. in Med., ibid.*

Clark, Burton
B.S., Univ. of Wis., 1921; M.D., Harv., 1923; *Surg. H. O., P. B. B. H.*

Colby, Fletcher H.
S.B., Dartmouth, 1914; M.D., Harv., 1918; served with B. C. H. unit, Evacuation Hosp. No. 110, during war; Surg. Interne, M. G. H., 1919–21; Ludlow-Jute Co., Ltd., Calcutta, India, 1921–23; *Vol. Grad. Asst., P. B. B. H., Oct. 23, 1923–Dec. 31, 1923; Asst. Res. Surg., ibid., Jan. 1, 1924–Jan. 1, 1925; Jr. Assoc. in Urol., ibid.*

Connor, Charles Lloyd
Univ. Pittsburgh, 1913–17; M.D., Baylor Univ., Coll. of Med., 1920; Interne, St. Joseph's Hosp., Pittsburgh, 1920–21; Gen. Practice, Montana, 1921–23; Fellow in Med., Nat. Research Council, 1923–25; Research Fellow, Pathol., Harv., 1923–25; Instr. in Pathol., *ibid.*, 1925; *Res. Pathol., P. B. B. H.*

Curtiss, Arthur Niles
A.B., Oberlin Coll., 1918; M.D., Syracuse Univ., 1923; Instr. in Physiol., Coll. of Med., Syracuse Univ., 1918–24; substitute practice, summer, 1923; *Med. H. O., P. B. B. H., Nov. 1, 1924.*

Cushing, Harvey
A.B., Yale, 1891; A.M. and M.D., Harv., 1895; Hon. F.R.C.S., London, 1913, and Ireland, 1918; Hon. A.M., Yale, 1913; Hon. M.D., Queen's Univ., Bristol, 1918; D.Sc., Washington Univ., 1915, and Yale, 1919; LL.D., Western Reserve Univ., 1919, and Univ. of Cambridge, Eng., 1920; House Pupil, M. G. H., 1895–96; Res. Surg., J. H. H., 1896–1900; successively Asst. Instr. and Assoc. Prof. in Surg., Johns Hopkins, 1898–1912; Fellow, Am. Acad., 1914; Mem. Wash. Acad. Sciences, 1916; Director, U. S. Army, Base Hosp. No. 5, 1916–19; Col., M. C., U. S. Army; Companion of the Bath; D.S.M., Chev. Leg. D'Honneur; Mem. Nat'l Acad. Sciences, 1917; Stud., St. Bartholomew's Hosp., 1922; Mickle Fellow, Univ. of Toronto, 1922; Cameron Prize, Univ. of Edinburgh, 1924; Moseley Prof. of Surg., Harv.; *Surg.-in-Chief, P. B. B. H.*

DAVIDOFF, LEO MAX

2 yrs. pre-med. work, Harv.; M.D., *ibid.*, 1922; Stud. Interne, Boston Psychopathic Hosp., April, 1921–June, 1922; Pediatric Serv., B. C. H., July–Nov., 1922; Med. Serv., New Haven Hosp., Nov. 1, 1922–Nov. 1, 1923; *Vol. Grad. Asst., P. B. B. H., Nov. 1, 1923–March 1, 1924; Surg. H. O., P. B. B. H., March 1, 1924–June 20, 1925;* Surg., MacMillan Arctic Expedition, June 20, 1925–Oct. 1, 1925; *Vol. Grad. Asst. in Surg., P. B. B. H., Oct. 6, 1925–Nov. 1, 1925; Asst. Res. Surg., ibid.*

DAY, HILBERT FRANCIS

Ph.B., Yale, 1901; M.D., Harv., 1905; Surg. H. O., B. C. H., 1905–07; House Phys., Boston Lying-In Hosp., 1907–08; 3d Asst. Visit. Surg., B. C. H. (Gynecol. Dept.), 1908–09; 4th Asst. Visit. Surg., B. C. H., 1909; District Phys., Boston Disp., 1909–12; Asst. to Surgs., Boston Disp., 1911–12; Surg., Maverick Disp., E. Boston, 1913–14; Asst. Surg., Boston Disp., 1912–14; Surg., *ibid.*, 1914–19; 1st Asst. Surg., Beth Israel Hosp., 1917–18; Asst. in Surg., Harv., 1919–21; Instr. in Surg., *ibid.;* Surg.-in-Chief, Boston Disp.; *Assoc. in Surg., P. B. B. H.*

DENNY, GEORGE PARKMAN

A.B., Harv., 1909; M.D., Harv., 1913; *Med. H. O., P. B. B. H., June 1, 1913–July 1, 1914;* Vol., Lab. of Physiol. Research, Johns Hopkins, 1914–15; Capt., M. C., U. S. Army; Alumni Asst. in Med., Harv., 1915–16; Phys. to Med. Students, *ibid.;* Attend. Phys., Channing Home, Boston; Assoc. Chief, Med. Dept., Boston Disp.; Director of Scholarships, Harv.; *Assoc. in Med., P. B. B. H.*

EDSON, PHILIPS JOSIAH

A.B., Univ. of Cal., 1920; M.A., *ibid.*, 1921; M.D., *ibid.*, 1924; Stud. Interne, Hahnemann Hosp., summer, 1922; Med. Officer to Sierra Club Outings, 1921–22; Interne, Yosemite Hosp., Cal., 1923; *Med. H. O., P. B. B. H., Nov. 1, 1923–March 1, 1925; H. O., X-ray Dept., ibid., March 1, 1925.*

EMERY, JR., EDWARD STANLEY

A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., Nov. 1, 1920–March 1, 1922; H. O., X-ray Dept., ibid., July 1, 1922–July 1, 1923;* Stud. in Clin. of Dr. Sippy, Presbyterian Hosp., Chicago, 1923–24; Asst. in Med., Harv.; Phys. to Boston Disp.; *Jr. Assoc. in Med., P. B. B. H.*

FALK, EMIL A.

A.B., Univ. of Minn., 1921; M.D., Harv., 1925; *Med. H. O., P. B. B. H.*

FALLON, JOHN MICHAEL

A.B., Holy Cross, 1919; M.D., Harv., 1923; Asst. in Anat., Harv., 1923–25; Surg. H. O., St. Vincent Hosp., Worcester, 1924–25; *Surg. H. O., P. B. B. H.*

FITZ, REGINALD

A.B., Harv., 1906; M.D., *ibid.*, 1909; Med. House Pupil, M. G. H., 1910–11; Vol. Asst. in Pharmacol. and in Med. Clinic, J. H. H., 1911–12; *Sr. Med. H. O., P. B. B. H., Nov. 1, 1912–July 1, 1913; Asst. Res. Phys., ibid., July 1, 1913–Sept. 1, 1915 (granted leave of absence to Dec. 31, 1916);*

Fellow in Physiol., Harv., 1914–15; Asst. Res. Phys., Rockefeller Inst. Hosp., New York City; Major, M. C., U. S. Army, 1917–19; Assoc. in Med. and Act. Res. Phys., East Med. Serv., M. G. H., 1919–20; Mayo Clinic and Mayo Foundation, 1920–22; *Phys., P. B. B. H.*

FOLIN, OTTO

S.B., Univ. of Minn., 1892; Ph.D., Univ. of Chicago, 1898; Sc.D., Washington Univ., 1915; Sc.D., Univ. of Chicago, 1916; Hon. M.D., Lund, 1918; Mem. Nat. Acad., 1916; Stud., Univs. of Sweden and Germany, 1897 and 1898; Asst. Prof. of Physiol. Chem., Univ. of W. Va., 1899–1900; Research Chem., McLean Hosp., Waverley, 1900–08; Assoc. Prof. of Biol. Chem., Harv., 1907–09; Hamilton Kuhn Prof. of Biol. Chem., *ibid.;* Chem., M. G. H.; *Consult. Chem., P. B. B. H.*

FROTHINGHAM, CHANNING

A.B., Harv., 1902; M.D., *ibid.*, 1906; Med. H. O., B. C. H., 1906–07; Asst. Visit. Phys., Carney Hosp., O. P. D., Boston, 1908–12; Sec'y, Faculty of Med., Harv., 1908–13; Asst. in Theory and Practice of Physic, *ibid.*, 1908–12; Instr. in Med., *ibid.*, 1913–22; Lieut. Col., M. C., U. S. Army, June 1, 1917–Dec. 5, 1918; Asst. Prof. in Med., Harv.; Chairman, Dept. of Med., *ibid.; Phys., P. B. B. H.*

GILE, HAROLD H.

A.B., Princeton, 1915; M.D., Columbia (Coll. of Phys. and Surgs.), 1922; Surg. Interne, Presbyterian Hosp., N. Y., 1922–24; *Vol. Grad. Asst. in Surg., P. B. B. H., May 20, 1924–Jan. 1, 1925; Asst. Res. Surg., ibid., Jan. 1, 1925–Nov. 1, 1925;* Asst. Visit. Urologist, Presbyterian Hosp., N. Y.

GORDON, BURGESS

A.B., Gonzaga Univ., 1912; M.D., Jefferson Med. Coll., 1919; Interne, Jefferson Hosp., 1919–21; *Asst. Res. Phys., P. B. B. H., Sept. 15, 1921–Aug. 1, 1922; Res. Phys., ibid., Aug. 1, 1922–Sept. 1, 1925;* Instr. in Med., Jefferson Med. Coll.; Asst. Med. Director, Dept. for Diseases of Chest, Jefferson Hosp., Phil.

GRABFIELD, GUSTAVE PHILIP

A.B., Williams, 1912; M.D., Harv., 1915; Teaching Fellow, Dept. of Pharmacol., *ibid.*, 1915–16; *Med. H. O., P. B. B. H., March 1, 1916–June 17, 1917;* Capt., M. C., U. S. Army, 1917–19; Asst. in Roent., Univ. of Mich. Hosp., 1919–20; Instr. in Pharm., Harv., 1920–21; Asst. in Pharm., *ibid.*, 1921–22; Instr. in Pharm. and Asst. in Med., *ibid.; Jr. Assoc. in Med., P. B. B. H., July 1, 1922–Nov. 12, 1925; Assoc. in Med., ibid.*

GRAVES, EDWIN G.

A.B., Univ. of Texas, 1920; M.D., Harv., 1924; *Med. H. O., P. B. B. H., July 1, 1924–July 1, 1925.*

GREEN, GEORGE F.

B.S., Univ. of Mich., 1922; M.D., *ibid.*, 1924; Asst. in Physiol., *ibid.; Vol. Grad. Asst. in Pathol., P. B. B. H., July 1–Oct. 1, 1924;* Asst. in Med., B. C. H., IV. Med. Serv.; *Jr. Assoc. in Pathol., P. B. B. H., Oct. 1, 1924–Jan. 15, 1925;* Fellow in Surg., Mayo Foundation.

GREENE, JAMES A.

M.D., Harv., 1925; *Med. H. O., P. B. B. H.*

GREENE, THEODORE C.
A.B., cum laude, Harv., 1920; M.D., cum laude, *ibid.*, 1924; Asst. in Pathol., Johns Hopkins, Sept., 1924–Jan., 1925; *Surg. H. O., P. B. B. H.*

HALL, FRANCIS C.
Litt.B., Princeton, 1913; M.D., Harv., 1917; H. O., M. G. H., 1918; M. C., U. S. Army, 1918–19; Asst. Visit. Phys. and Visit. Phys. to O. P. D., M. G. H., 1920–22; *Assoc. in Med., P. B. B. H.*

HERRMANN, LOUIS G.
A.B., Univ. of Mich., 1920; M.D., Wash. Univ. Med. Sch., 1924; Interne, Maryland Gen. Hosp., Baltimore, July 1, 1924–March 1, 1925; *Med. H. O., P. B. B. H.*

HIGBEE, DANIEL RIGGS
A.B., Col. Coll., 1920; M.D., Harv., 1923; Med. H. O., M. G. H., Mar., 1924–Nov., 1925; *Surg., H. O., P. B. B. H.*

HOMANS, JOHN
A.B., Harv., 1899; M.D., *ibid.*, 1903; House Pupil, M. G. H., 1903–04; Asst. in Hunterian Lab., Johns Hopkins, 1908–09; Vol. Asst. Surg., Children's Hosp., Boston, 1909–10; Surg., M. G. H., O. P. D., 1910–12; Asst. in Surg., Harv., 1910–13; Surg., Boston Dispensary, 1913–14; Assoc. in Surg., Harv., 1914–15; Major, M. C., U. S. Army, 1918–19; Instr. in Surg., Harv.; *Surg., P. B. B. H.*

HORRAX, GILBERT
A.B., Williams, 1909; M.D., Johns Hopkins, 1913; *Surg. H. O., P. B. B. H., July 1, 1913–Nov. 1, 1914;* Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, Harv., 1914–15; *Asst. Res. Surg., P. B. B. H., 1915–16;* Res. Surg., M. G. H., 1916–17; Major, M. C., U. S. Army, 1917–19; Instr. in Surg. and Chairman, Dept. of Surg., Harv.; *Assoc. in Neurol. Surg., P. B. B. H.*

HOWLAND, JOSEPH BRIGGS
M.D., Harv., 1896; Surg. House Pupil, M. G. H., 1896–97; Asst. Phys., State Hosp., Tewksbury, Mass., 1898–1901; Asst. Supt., *ibid.*, 1901–02; Supt., State Colony for the Insane, Gardner, Mass., 1902–07; Asst. Res. Phys., M. G. H., 1907–17; Asst. Administrator, *ibid.*, 1908–17; Act. Administrator and Res. Phys., *ibid.*, 1917–19; Pres., American Hosp. Assoc., 1919–20; Mem. Mass. State Bd. of Reg. of Nurses, 1919–24; Pres., N. E. Hosp. Assoc., 1921–22; Trustee, *ibid.; Supt., P. B. B. H.*

HUMISTON, HOMER W.
B.S., Univ. of Ill., 1923; M.D., Harv., 1925; *Med. H. O., P. B. B. H.*

INGRAHAM, FRANC DOUGLAS
A.B., Harv., 1922; M.D., *ibid.*, 1925; *Surg. H. O., P. B. B. H.*

JACKSON, HOWARD BURR
A.B., Harv., 1915; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., March 15, 1919–April 1, 1920;* H. O., Surg. and Obstet. Services, Mass. Homœopathic Hosp., 1920; *Vol. Asst., Med. Serv., P. B. B. H.;* Asst. Phys. to Out-Patients, M. G. H.; in practice, Jamaica Plain, Mass.

JONES, WILFRED GRANT

B.S., College of Wooster, Wooster, Ohio, 1921; M.D., Harv., 1924; *Med. H. O., P. B. B. H., May 15, 1924–Mar. 1, 1925.*

KENT, HAROLD A.

H.D.S., 1919; Asst. to Dr. Miner, Prof. of Oral Surg. and Dean, H.D.S.; Instr. Oral Surg., H.D.S.; *Dental Surg., P. B. B. H.*

KINNEY, KENNETH K.

M.D., Univ. of Iowa, 1921; Surg. Interne, 1 yr., Seattle Gen. Hosp.; private practice, 3 yrs.; *H. O., X-Ray Dept., P. B. B. H.*

KOHN, LAWRENCE A.

A.B., Williams, 1914; work in Bacteriol. with Dr. Park, N. Y., 1914–17; work in Bacteriol. with army in France, 1917–19; 1st Lieut., San. Corps, 1918–19; M.D., Johns Hopkins, 1923; Med. Interne, *ibid.; Asst. Res. Phys., P. B. B. H., Sept. 15, 1924–Sept. 1, 1925;* Instr. in Med., Univ. of Rochester; Res. Phys., Strong Mem. Hosp., Rochester, N. Y.

LEVINE, SAMUEL ALBERT

A.B., Harv., 1911; M.D., *ibid.*, 1914; *Assoc. in Med., P. B. B. H., July 1, 1914–July 1, 1915; Med. H. O., ibid., July 1, 1915–Nov. 1, 1916;* Moseley Travelling Fellow, Harv., 1916–17; Asst., Rockefeller Inst. Hosp., N. Y., 1916–17; Capt., M. C., U. S. Army, 1917–19; Instr. in Med., Harv.; Consult. Phys., Boston Psychopathic Hosp., 1921–24; Phys. to Boston Dispensary; *Assoc. in Med., P. B. B. H.*

LIEBMAN, CHARLES

Ph.B., Yale, 1917; M.D., Harv., 1921; X-ray Dept., Base Hosp., Camp Devens; X-ray Dept., Mass. Eye and Ear Inf.; X-ray Dept., New Haven Hosp.; *X-ray H. O., P. B. B. H., June 1, 1921–July 1, 1922;* Roentgenologist, Children's Hosp., Boston; *Vol. Grad. Asst., X-ray Service, P. B. B. H.*

MACPHERSON, DONALD JOHN

B.S., Univ. of Rochester, 1911; M.D., Harv., 1915; *Med. H. O., P. B. B. H., July 1, 1915–Nov. 1, 1916; Asst. Res. Phys., ibid., Nov. 1, 1916–June 22, 1917;* Capt., M. C., U. S. Army, 1917–19; *Assoc. in Med., P. B. B. H.*

MASON, B. HENRY

M.D., Bowdoin, 1907; Gen. Interneship, Maine Gen. Hosp., 1907–08; Asst. Phys., State Asylum, Worcester, Aug., 1908–Nov., 1913; in practice, Portland, Me., 1913–14; Asst. Phys., Worcester State Hosp., Feb., 1914–May, 1914; Asst. Supt., *ibid.*, May, 1914–June 18, 1918; Act. Supt., *ibid.*, June 18, 1918–April 1, 1921; Neuro-Psychiatrist, Advisory Board A and B, Worcester, Mass., during draft; Asst. Director, Psychopathic Hosp., Ann Arbor, Mich., April, 1921–Jan., 1923; Neuro-Psychiatrist, U. S. V. B.; Instr. in Psychiatry, Univ. of Mich. Med. Sch., 1921–23; *First Asst. Supt., P. B. B. H.*

MASSEE, JOSEPH C.

B.S., John B. Stetson Univ., 1922; M.D., Harv., 1925; *Med. H. O., P. B. B. H.*

McLean, Arthur John
A.B., Reed Coll., Portland, Ore., 1921; M.D., Johns Hopkins, 1925; *Surg. H. O., P. B. B. H.*

Milliken, Samuel Gibbs
M.D., Univ. of Texas, 1922; Sr. Instr. in Pathol., Univ. of Texas, 1922; *Surg. H. O., P. B. B. H., March 1, 1924–Feb. 1, 1925;* Asst. Prof. of Path., Univ. of Texas.

Minot, George R.
A.B., Harv., 1908; M.D., *ibid.*, 1912; Consult. Phys., Huntington Mem. Hosp.; Mem., Medical Staff, M. G. H.; *Assoc. in Med., P. B. B. H.*

Monroe, Robert Thornhill
A.B., Univ. of Mich., 1918; M.D., *ibid.*, 1924; *Med. H. O., P. B. B. H., July 1, 1924–Nov. 1, 1925; Asst. Res. Phys., ibid.*

Moore, Richmond Lawrence
A.B., Univ. of Va., 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., Nov. 1, 1923–March 1, 1924; Asst. Res. Surg., ibid., July 1, 1924–July 1, 1925;* Asst. Res. Phys., Hosp. of the Rockefeller Institute, N. Y.

Murphy, William P.
A.B., Univ. of Ore., 1914; M.D., Harv., 1922, as of 1920; H. O., R. I. Hosp., 1920–22; *Vol. Grad. Asst., P. B. B. H., summer of 1921; Asst. Res. Phys., ibid., 1922–23;* Proctor Research Fellow, Harv.; Instr. in Med., *ibid.; Jr. Assoc. in Med., P. B. B. H.*

Newton, Francis Chandler
A.B., Amherst, 1915; M.D., Harv., 1919; *Surg. H. O., P. B. B. H., March 15, 1919–July 1, 1920; Asst. Res. Surg., ibid., July 1, 1920–Sept. 1, 1921; Res. Surg., ibid., Sept. 1, 1921–July 1, 1923; Jr. Assoc. in Surg., ibid., July 1, 1923–Sept. 15, 1923;* Asst. in Surg., Harv., 1920–23; Moseley Trav. Fellow, *ibid.*, 1923–24; Vol. Asst., Phys. Inst., Berne, Switzerland, 1923–24; Instr. in Surg., Harv.; *Assoc. in Surg., P. B. B. H.*

Newton, Harlan Fay
A.B., Yale, 1916; M.D., Harv., 1920; Pathol. H. O., B. C. H., 1920–21; *Surg. H. O., P. B. B. H., Nov. 1, 1921–March 1, 1923; Asst. Res. Surg., ibid., Oct. 1, 1923–July 1, 1924;* Austin Teach. Fellow in Surg., Harv.; *Res. Surg., P. B. B. H.*

O'Hare, James Patrick
A.B., Harv., 1908; M.D., *ibid.*, 1911; Med. H. O., B. C. H., So. Dept., 1911; Med. H. O., Carney Hosp., Boston, 1912–13; Fellow in Med., Harv., 1913–15; Asst. Visit. Phys., Carney Hosp., 1913–15; Asst. Visit. Phys., B. C. H., 1915–17; Asst. in Med., Harv.; *Act. Phys., P. B. B. H., Aug. 1, 1917–Feb. 1, 1918, and April 1, 1918–Jan. 1, 1919; Assoc. in Med., P. B. B. H.*

Orr, Jr., Louis M.
B.S., Emory Coll., 1922; M.D., Atlanta Med. Coll., 1924; Jr. Interne, Grady Hosp., Atlanta, Ga., 1923–24; *Surg. H. O., P. B. B. H., July 1, 1924–Nov. 1, 1925;* Asst. Res. Surg., Lakeside Hosp., Cleveland.

PEABODY, FRANCIS WELD

A.B., Harv., 1903; M.D., *ibid.*, 1907; House Pupil, M. G. H., 1907–08; Asst. Res. Phys., J. H. H., 1908–09; Fellow in Pathol., Johns Hopkins, 1909–10; Stud. of Chem., Univ. of Berlin, Germany, 1910; Asst. Res. Phys., Hosp. of Rockefeller Inst., 1911–12; Asst., Rockefeller Inst., 1911–12; *Res. Phys., P. B. B. H., Nov. 1, 1912–Sept. 1, 1915 (granted leave of absence March 1, 1914–Jan. 1, 1915, to serve as a member of the China Medical Commission of the Rockefeller Foundation); Asst. Visit. Phys., P. B. B. H., Sept. 1, 1915–Dec. 9, 1915;* Alumni Asst. in Med., Harv., 1913–15; Asst. Prof. of Med., *ibid.;* Consult. Phys., Collis P. Huntington Mem. Hosp., Boston; *Phys., P. B. B. H., Dec. 9, 1915–Sept. 1, 1921 (leave of absence Aug. 1, 1917–Feb. 1, 1918, to serve as a member of the American Red Cross Comm. to Roumania);* Major, M. C., U. S. Army, 1918–19; Assoc. Prof. of Med., Harv.; Prof. of Med., *ibid.;* Visit. Phys., B. C. H.; Director, Thorndike Lab., *ibid.; Consult. Phys., P. B. B. H.*

PINKERTON, HENRY

S.B., M. I. T., 1918; M.D., Harv., 1924; *Pathol. H. O., P. B. B. H., July 1, 1924–July 1, 1925;* Res. Pathol., Children's Hosp., Boston.

POTTER, WILLIAM HENRY

A.B., Harv., 1878; D.M.D., *ibid.*, 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv., 1887–88; Clin. Lecturer, *ibid.*, 1890–96; Lect., *ibid.*, 1896–1900; Asst. Prof., *ibid.*, 1900–04; Prof. of Operative Dentistry, *ibid.;* in practice, Boston; Dental Corps, U. S. Army, 1917–19; 1st Lieut., Major, and Lieut. Col.; *Consult. Dental Surg., P. B. B. H.*

PUTNAM, TRACY JACKSON

A.B., Harv., 1915; M.D., *ibid.*, 1920; Asst. Res. Pathol., J. H. H., 1920–21; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1923–Oct. 1, 1924;* Moseley Travelling Fellow, Harv.; *Assoc. in Surg., P. B. B. H.*

QUINBY, WILLIAM CARTER

A.B., Harv., 1899; M.D., *ibid.*, 1902; House Pupil, M. G. H., 1902–03; Asst. G. U. Surg., Boston Disp., 1907–09; Asst. Surg., N. E. Baptist Hosp., Boston, 1908–14; in charge of Experimental Surg., Brady Clin., J. H. H., 1914–16; Assoc. in Urol., *ibid.*, 1915–16; Asst. Prof., G. U. Surg., Harv.; *Urol. Surg., P. B. B. H.*

RAGSDALE, LUNEY VARNON

A.B., Univ. of Ala., 1917; M.D., Harv., 1924; *2d Asst. Supt., P. B. B. H., June 1, 1924–Dec. 15, 1924; Med. H. O., ibid., Dec. 15, 1924–Nov. 1, 1926.*

RHOADS, CORNELIUS PACKARD

A.B., Bowdoin, 1920; M.D., Harv., 1924; *Surg. H. O., P. B. B. H., July, 1924–May 18, 1925.*

RICHARDS, LYMAN G.

A.B., Harv., 1916; M.D., *ibid.*, 1919; in Smyrna with Near East Relief, 1919; Surg. H. O., St. Luke's Hosp., New York, 1920–22; Mass. Eye and Ear Infirmary, Ear, Nose and Throat Serv., 1922–24; Chief in Otolaryngology, Children's Hosp., Boston; Assoc. in Otolaryngology, New England Deaconess Hosp.; Consultant in Otolaryngology, Union Hosp., Fall

River; Permanent Staff, Baptist Hosp. Boston; *Assoc. in Otolaryngology, P. B. B. H.*

Rioch, David M.
B.A., Butler Coll., Indianapolis, 1920; M.D., Johns Hopkins, 1924; *Surg. H. O., P. B. B. H., Nov. 1, 1924.*

Root, Howard Frank
A.B., Harv., 1913; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., Feb. 13, 1919–Jan. 1, 1920;* Clin. Lab., J. H. H., 1920; Asst. Phys., N. E. Deaconess Hosp.; *Assoc. in Med., P. B. B. H.*

Schlesinger, Monroe J.
B.S., Coll. City of N. Y., 1912; Asst., N. Y. H. D. Research Lab., 1912–14; Asst. Bacteriol., West Penn. Hosp., Pittsburgh, 1914–17; Ph.D., Harv., 1920; Asst. in Preventive Med. and Hygiene, *ibid.*, 1917–20; Instr., *ibid.*, 1920–22; Asst. in Pathol., *ibid.*, 1922–23; Research Asst. in Pathol., *ibid.*, 1923–25; *H. O., Pathol., P. B. B. H.*

Shrader, John C.
B.S., Univ. of Iowa, 1920; M.D., *ibid.*, 1922; Med. Interne, Univ. Hosp., Iowa, 1922–23; Hosp. Chem., *ibid.*, 1923–24; *Asst. Res. Phys., P. B. B. H.*

Sosman, Merrill
A.B., Univ. of Wis., 1913; M.D., Johns Hopkins, 1917; 1 yr. Interne; entered U. S. A., M. C.; Army Med. Sch., X-ray Dept., Walter Reed Hosp.; X-ray Dept., M. G. H., 1921; Consult. Roent., C. P. Huntington Mem. Hosp.; *Roentgenologist, P. B. B. H.*

Spurling, Roy G.
A.B., Univ. of Mo., 1920; A.M., *ibid.*, 1923; M.D., Harv., 1923; *Surg. H. O., P. B. B. H., Nov. 1, 1923–March 1, 1925; Asst. Res. Surg., ibid., March 1, 1925–Sept. 1, 1925;* Res. Surg., Louisville City Hosp., Louisville, Ky.

Stecher, Robert
B.S., Dart., 1919; M.D., Harv., 1923; *Med. H. O., P. B. B. H., Nov. 1, 1924–Nov. 1, 1925.*

Stellar, Robert W.
B.S., Occidental Coll., Cal., 1919; Univ. of Cal., 2 yrs.; M.D., Harv., *1923; Surg. H. O., P. B. B. H., Nov. 1, 1923–March 1, 1925;* in practice, Los Angeles.

Stimson, Horace Pottle
A.B., Amherst, 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., March 1, 1923–July 1, 1924; Asst. Res. Surg., ibid., Sept. 8, 1924–Dec. 12, 1924;* Phys. of Fogg Museum Archæological Expedition to Mongolia.

Sturgis, Cyrus Cressey
B.S., Univ. of Wash., 1913; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H., Oct. 15, 1917–Aug. 22, 1918;* 1st Lieut., M. C., U. S. Army, 1918–19; *Asst. Res. Phys., P. B. B. H., Aug. 25, 1919–April 15, 1920; Res. Phys., ibid., April 15, 1920–Aug. 1, 1922;* Fac. Instr. in Med., Harv., Sept. 1, 1922–Sept. 1, 1925; Asst. Prof. Med., *ibid.*, Sept. 1, 1925; Assoc. Phys., C. P. Huntington Hosp., Sept. 1, 1925; *Physician, P. B. B. H.*

TEEL, CHARLES E.
M.D., Washington Univ., 1923; Surg. Interne, New Haven Hosp., 1923–24; H. O., M. G. H., 1924–25; *Asst. Res. Surg., P. B. B. H.*

VAN WAGENEN, WILLIAM P.
M.D., Harv., 1922; *Surg. H. O., P. B. B. H., Nov. 1, 1922–March 1, 1924; Asst. Res. Surg., ibid., Oct. 1, 1924–Nov. 1, 1925.*

VASTINE, JACOB H.
M.D., Univ. of Pa., 1923; Interne, Easton Hosp., Easton, Pa., 1923–24; Gen. Practice, 1 yr; *H. O., X-ray Dept., P. B. B. H., Aug. 1, 1925–Feb. 1, 1926; Asst. Res. in Roent., ibid.*

VOGT, EDWARD C.
M.D., Univ. of Iowa, 1923; Interne, St. Vincent's Hosp., Toledo, Ohio, 1923–24; *H. O., X-ray Dept., P. B. B. H., Sept. 12, 1924–March 1, 1925; Asst. Res. in Roent., ibid., March 1, 1925.*

WALKER, ISAAC CHANDLER
A.B., Johns Hopkins, 1905; M.D., *ibid.*, 1909; Grad. Stud., Lab. of Theory and Practice of Physic, Harv., 1910–11; Med. H. O., Carney Hosp., Boston, 1910–11; Lect. on Clin. Microscopy and Phys. Diag., Univ. of Iowa, 1911–12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., N. Y., 1912; *Sr. Med. H. O., P. B. B. H., Nov. 1, 1912–March 1, 1913; Asst. Res. Phys., ibid., March 1, 1913–March 1, 1914; Act. Res. Phys., ibid., March 1, 1914–Jan. 1, 1915; Asst. Res. Phys., ibid., Jan. 1, 1915–March 1, 1915 (granted leave of absence from March 1, 1915–Sept. 1, 1915);* Med. Chief, Hosp. A^{b}. 32 ^{bis} Passy Yonne, France, 1915; Asst. in Pharmacol., Harv.; Alumni Asst. in Med., *ibid.; Act. Phys., P. B. B. H., Aug. 1, 1917–Feb. 1, 1918, and April 1, 1918–Dec. 16, 1918;* Asst. Prof. of Med., Harv., 1918–19; *Assoc. in Med., P. B. B. H.*

WHITAKER, LESTER R.
M.D., Harv., 1923; Surg. H. O., New Haven Hosp., 1923–24; *Vol. Grad. Asst. in Pathol., P. B. B. H., April 1–July 11, 1924; Assoc. in Surg., ibid., July 11, 1924–Sept. 1, 1925;* Arthur Tracy Cabot Fellow, Harv., July 11, 1924–Sept. 1, 1925; *Asst. Res. Surg., P. B. B. H.*

WHITING, WALTER BELKNAP
2 yrs. pre-med. work, Wash. and Lee Univ., and Cornell Summer Sch.; M.D., Harv., 1923; *Med. H. O., P. B. B. H., July 1, 1923–Nov. 1, 1924; Asst. Res. Phys., ibid., Nov. 1, 1924–July 1, 1925;* Phys., Wichita Clin. Hosp.; in practice, Wichita Falls, Texas.

WILSON, CHARLES P.
A.B., Reed Coll., Portland, Ore., 1920; M.D., Johns Hopkins, 1924; *Med. H. O., P. B. B. H.*

WILSON, RICHARD B.
B.S., Emory Univ., 1920; M.D., *ibid.*, 1922; H. O., Boston Psycho. Hosp., 1922–23; *Vol. Grad. Asst. in Pathol., P. B. B. H., Sept. 10, 1923–March 1, 1924; Med. H. O., ibid., March 1, 1924–July 1, 1925.*

WOLBACH, SIMEON BURT

Stud., Harv., 2 yrs.; M.D., *ibid.*, 1903; 2d Asst. in Pathol., B. C. H., 1903–04; 1st Asst. in Pathol., *ibid.*, 1904–05; 2d Asst. Visit. Pathol., *ibid.*, 1905–08; Pathol., Long Island Hosp., Boston, 1905–08; Pathol., Boston Floating Hosp., 1905–08; Pathol., Mass. Infants' Asylum, 1905–08; Asst. in Pathol., Harv., 1905–06; Instr. in Pathol., *ibid.*, 1906–08; Adjunct Prof. of Pathol. and Bacteriol., Albany Med. Coll., 1908–09; Director, Bender Hygienic Lab., Albany, N. Y., 1908–09; Pathol., Albany City Hosp., 1908–09; Pathol., St. Peter's Hosp., Albany, 1908–09; Pathol., St. Margaret's House, Albany, 1908–09; Lecturer in Pathol., McGill Univ., 1909–11; Director, Histol. Lab., *ibid.*, 1909–11; Director, Montreal Gen. Hosp. Lab., 1909–11; Asst. Prof. of Bacteriol., Harv., 1910–14; Assoc. Prof. of Bacteriol., *ibid.*, 1914–16; Pathol., Children's Hosp., Boston; Fellow, Am. Acad. of Arts and Sciences, 1914; Visit. Pathol., Children's Hosp., Boston, 1915; Corr. Mem., Société de Pathologie Exotique, Paris; Commander, Order of Polonia Restituta; Shattuck Prof. Pathol. Anat., Harv.; *Pathol., P. B. B. H. (on leave of absence Jan. 1, 1920–Aug. 1, 1920, in charge of Typhus Research Hosp., Poland).*

WOOD, NATHANIEL KNIGHT

A.B., Harv., 1897; M.D., *ibid.*, 1901; H. O., B. C. H., 1902–04; H. O., Boston Lying-In-Hosp., 1904; Visit. Phys., Carney Hosp., O. P. D., 1907–12; Visit. Phys., Boston Consumptives' Hosp., O. P. D., 1909–17; Phys., Boston Disp., 1912–18; *Assoc. in Med., P. B. B. H.*

WRIGHT, LESLIE H.

M.D., Univ. of Vt., 1918; H. O., Naval Hosp., Chelsea, 1918–19; Transport Serv., May 1, 1919–Sept. 1, 1919; Asst. Phys., Conn. State Hosp., Sept., 1919–July, 1920; Private Practice, July, 1920–May, 1922; Pathol., Monson State Hosp., May, 1922–Dec., 1924; *Second Asst. Supt., P. B. B. H.*

ZINSSER, HANS

A.B., Columbia, 1899; A.M., M.D., *ibid.*, 1903; Asst. Prof. Bacteriol., Leland Stanford, 1910–11; Prof., *ibid.*, 1911–13; Prof. Bacteriol., Columbia Univ., 1913; Bacteriol., Presbyterian Hosp.; Prof. of Bacteriol., Harv.; *Consult. Bacteriol., P. B. B. H.*

Register of Former Members of the Staff

ADAMS, FRANK DENNETTE

Litt.B., Princeton, 1913; M.D., Harv., 1917; Med. H. O., M. G. H., 1917–18; 1st Lieut., M. C., U. S. Army, 1918–19; *Pathol. H. O., P. B. B. H., Oct. 1, 1919–March 15, 1920; Act. Res. Pathol., ibid., March 15, 1920–July 1, 1920;* Res. Phys., B. C. H., Sept., 1920–June, 1922; Lect. in Med., Univ. of N. C., Extension Div., 1922 and 1923; H. O., So. Dept., B. C. H., Oct., 1922–Dec., 1922; Assoc. in Therapeutics, Geo. Washington Univ.; Instr. in Med., Georgetown Univ., 1923; Asst. Phys. to Out-Patients, M. G. H.; Asst. in Med., Harv.; in practice, Boston.

ALEXANDER, HARRY LOUIS

A.B., Williams, 1910; M.D., Columbia, 1914; H. O., Presbyterian Hosp., N. Y., 1914–16; *Asst. Res. Phys., P. B. B. H., Sept. 15, 1916–July 6, 1917;* Major, M. C., U. S. Army; Instr. in Med., Cornell, 1919–24; Asst. Adjunct Attend. Phys., 2d Med. Div., Bellevue Hosp., N. Y., 1919–24; Attend. Phys. and Visit. Pathol., Overlook Hosp., Summit, N. J., 1920–24; Chief of Asthma Dept., Cornell Pay Clin., N. Y., 1921–24; Assoc. Prof. Med., Washington Univ., and Assoc. Phys., Barnes Hosp., St. Louis.

ATWATER, REGINALD MYERS

A.B., Colorado Coll., 1914; M.D., Harv., 1918; C.P.H., Johns Hopkins, 1920; Dr. P.H., *ibid.*, 1921; *Med. H. O., P. B. B. H., March 1, 1918–April 15, 1919;* Dept. of Hygiene, Hunan-Yale College of Med., Changsha, Hunan, China; Inst. Epidemiology, Harv. Sch. Public Health.

BAGLEY, JR., CHARLES

M.D., Univ. of Md., 1904; A.B., Loyola, 1911; Asst. Res. Phys., Univ. Hosp., Baltimore, 1904–05; Asst. Res. Surg., *ibid.*, 1905–06; Med. Supt., Hebrew Hosp., Baltimore, 1906–10; *Asst. Res. Surg., P. B. B. H., Jan. 1, 1913–Jan. 1, 1914;* Major, M. C., U. S. Army, 1917–19; Visit. Surg., Hebrew Hosp., Church Home and Infirm., St. Agnes' Hosp., Bon Secours Hosp., and Union Mem. Hosp., Baltimore; Consult. Surg., Baltimore Eye, Ear and Throat Charity Hosp., Emergency Hosp., Annapolis, Md., Presbyterian Eye, Ear and Throat Charity Hosp., Baltimore, Alleghany Hosp., Cumberland, Md., and Waynesboro Hosp., Waynesboro, Pa.; Assoc. in Exper. Neurol., Johns Hopkins; Asst. Psychiatrist, J. H. H., Baltimore; Consult. Neuro-Surgeon, U. S. P. H. S.; in practice, Baltimore.

BALDWIN, LOUIS B.

Litt.B., Princeton, 1915; M.D., Columbia, 1919; Interne, Presbyterian Hosp., N. Y., April, 1919–July, 1920; Interne, Sloane Hosp., N. Y., Sept., 1920–Dec., 1920; Assoc. in Med., Presbyterian Hosp., N. Y., Jan., 1921–July, 1921; *Vol. Grad. Asst. in Med., P. B. B. H., Oct. 25, 1921–Mar. 28, 1922; Asst. Res. Phys. (acting) ibid., Dec. 20, 1921–Feb. 1, 1922;* Instr. in Med. and Asst. Phys., Strong Mem. Hosp., Rochester, N. Y.; Phys., Rochester Gen. Hosp.; Phys., Baden St. Disp., Rochester.

Balyeat, Ray Morton

A.B., Oklahoma Univ., 1912; B.S., *ibid.*, 1915; M.A., *ibid.*, 1916; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., Nov. 1, 1916–Oct. 1, 1919;* in practice, Oklahoma City.

Barrow, William Hulbert

A.B., Harv., 1908; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., Nov. 1, 1916–June 17, 1917;* Capt., M. C., U. S. Army; Med. Advisor, Middlesex School, Concord, Mass., 1921–22; Med. Advisor and Prof. of Phys. Education, Leland Stanford Univ.

Beck, Claude S.

A.B., Eranklin and Marshall College, 1916; Grad. Sch., Univ. of Pittsburgh, 1916–17; M.D., Johns Hopkins, 1921; Res. H. O., J. H. H., 1921–22; Asst. Res. Surg., New Haven Hosp., 1922–23; Arthur Tracy Cabot Fellow, Harv., and *Assoc. in Surg., P. B. B. H., 1923–24;* in charge Surg. Lab., Western Reserve Univ., Cleveland, Ohio, 1924–25; Instr. in Surg., Western Reserve Med. School; Res. Surg., Lakeside Hosp., Cleveland.

Belt, A. Elmer

M.D., Univ. of Cal., 1920; Fellow, Hooper Research Laboratories, *ibid.;* Asst. in Urol. Surg., Univ. Hosp., for a year; *Asst. Res. Surg., P. B. B. H., July 1, 1922–July 1, 1923;* in practice, Los Angeles.

Benet, George

Student for 3 yrs., Univ. of S. C., and Univ. of Va.; M.D., Harv., 1913; *Med. H. O., P. B. B. H., June 1, 1913–July 1, 1914;* Sr. Surg. H. O., St. Luke's Hosp., Chicago, July 1, 1914–Jan. 1, 1915; Lab. Asst., Harv. Unit, Am. Ambulance Hosp., Paris, France, 1915; Surg. at French Hosp. near Annel, 1915–16; Capt. and Asst. Surg., 2d Harv. Unit, B. E. F., France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., 1916–17; Surg., Fulham Military Hosp., London, England, 1917; M. R. C., U. S. Army, 1917–18; Capt., M. C., U. S. Army; in practice, Columbia, S. C.

Benton, Roy Wilmot

Ph.B., Brown Univ., 1918; M.D., Harv., 1922; *Med. H. O., P. B. B. H., Nov. 1, 1922–March 1, 1924;* H. O., New York Nursery and Child's Hosp., 1924–25; H. O., Providence City Hosp., 1925; Resident Phys., *ibid.*

Berry, Frank Brown

A.B., Harv., 1914; M.D., *ibid.*, 1917; Pathol. H. O., B. C. H., July–Dec., 1917; *Med. H. O., P. B. B. H., Jan. 9, 1918–March 1, 1918;* 1st Lieut. and Capt., M. C., U. S. Army, 1918–19; 1st Asst. Pathol., B. C. H., 1919–20; Surg. H. O. Presbyterian Hosp., N. Y., 1920–21; Practicing Med., Providence, R. I., 1921–23; Res. Surg., Bellevue Hosp., N. Y., 1923–24; Instr. in Surg., Columbia; Adjunct Attend. Surg., Bellevue Hosp.; in practice, New York.

Blake, Francis Gilman

A.B., Dart., 1908; M.D., Harv., 1913; *Med. H. O., P. B. B. H., July 1, 1913–Nov. 1, 1914; Asst. Res. Phys., ibid., Nov. 1, 1914–Sept. 1, 1915; Res. Phys., ibid., Sept. 1, 1915–Oct. 1, 1916;* Moseley Travelling Fellow (Harv.), 1916–17; Asst., Rockefeller Inst. Hosp., 1916–17; Asst. Prof. of Med., Univ. of Minn., 1917–19; Visit. Phys., Elliott Mem. Hosp., Univ.

of Minn., 1917–19 (leave of absence Feb. 11, 1918–July 1, 1919); Assoc. in Med., Rockefeller Inst. Hosp., 1919–20; Assoc. Mem. in Med., Rockefeller Inst. Hosp., 1920–21; John Slade Ely Prof. of Med., Yale Univ., School of Med.; Phys.-in-Chief, New Haven Hosp., New Haven, Conn.; Mem., Board Scientific Directors, Rockefeller Inst. for Med. Research.

Blumgart, Herrmann

B.S., Harv., 1917; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H., July 1, 1921–Nov. 1, 1922;* Moseley Travelling Fellow, 1923–24; Asst. in Med., Thorndike Mem. Lab., B. C. H.; Asst. in Med., Harv.

Boehm, Julius Benjamin

B.S., St. Louis Univ., 1910; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H., Nov. 1, 1914–Nov. 1, 1915 (resigned);* Res. Surg., Greenpoint Hosp., Brooklyn, N. Y., 1915–18; Surg. Serv., Walter Reed Hosp.; in practice, Brooklyn, N. Y.

Boggs, Arthur Gordon

A.B., Dartmouth, 1915; M.D., Harv., 1919; *Surg. H. O., P. B. B. H., March 15, 1919–July 1, 1920;* New Haven Hosp., New Haven, Conn.; Med. Missionary, Clough Mem. Hosp., Ongole, So. India.

Boothby, Walter Meredith

A.B., Harv., 1902; M.D., *ibid.*, 1906; A.M., *ibid.*, 1907; European clinics for 8 mos., 1907–08; Surg. H. O., B. C. H., 1908–09; Asst. in Anat., Harv., 1910–14; Asst. in Anesthesia, Harv. Grad. School of Med., 1912–13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anesthetist, B. C. H., 1912; *Supervisor of Anesthesia, P. B. B. H., Dec. 11, 1913–Nov. 14, 1916;* Lect. on Anesthesia and Instr. in Anat., Harv., 1914–16; Capt. and Major, M. C., U. S. Army, 1917–19; Assoc. Prof. of Med., Mayo Foundation, Univ. of Minn.; Head of Sect. of Clin. Metabolism, Mayo Clinic, Rochester, Minn.

Boyd, Douglas

Univ. of Ga.; M.D., Harv., 1922; H. O., Robert Brigham Hosp., Boston, 1921–22; Asst. Res. Phys., Boston Sanatorium, 1922–23; *Surg. H. O., P. B. B. H., March 1, 1923–July 1, 1924; Act. Asst. Res. Surg., ibid., July 1, 1924–Aug. 1, 1924;* Asst. in Med., Rockefeller Inst., July, 1924–July, 1925; Asst. Res. Phys., Hosp. of Rockefeller Inst.; Asst. Res. Surg., Lakeside Hosp.

Brewster, Albert H.

B.A., Univ. of Va., 1914; M.D., J. H. M. S., 1918; M. C., U. S. Army, 1917–19; Children's Hosp. Sch., Baltimore, Md., 1919–20; *Surg. H. O., P. B. B. H., Feb. 15, 1920–July 1, 1921;* Orthopedic Service, Children's Hosp., Boston; Instr., Orthopedic Surg., Harv.; Visit. Orth. Surg., N. E. Peabody Home for Crippled Children; and Industrial School for Crippled and Deformed Children; in practice, Boston.

Brigham, Ferdinand

A.B., Tufts Coll., 1912; D.M.D., H.D.S., 1915; *Dental Surg., P. B. B. H., March 13, 1919–Jan. 20, 1920;* Capt., R. A. M. C., 1915–19; Degree, Dental Surg., Fac. of Med., Paris; in practice, Paris.

Brittingham, Harold Hixon

A.B., Yale, 1916; M.D., Harv., 1920; *Med. H. O., P. B. B. H., July 1, 1920–Nov. 1, 1921; Asst. Res. Phys., ibid., Nov. 15, 1921–Dec. 6, 1921;* Demonstr. Physiol., Western Reserve Univ., 1922–23; Demonstr. in Med., *ibid.*, 1923–24 and 1925–26; Asst. Visit. Phys., Cleveland City Hosp.; in practice, Cleveland, Ohio.

Brown, William Eustis

Ph.B., Lafayette Coll., 1909; C.P.H., Harv.–M. I. T., Sch. of Public Health, 1915; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., Oct. 15, 1921–Feb. 20, 1922;* Surg.-in-Chief, N. J. Zinc Co. Hosp., Franklin, N. J., 1922–24; Assoc., Indust. Health Conservancy Lab., Cincinnati, Ohio; Asst. Prof. Preventive Med., Med. Dept., Univ. of Cinn.

Bryant, John

A.B., Harv., 1903; Asst. Res. Surg., Free Hosp. for Women, Brookline, 1905–06; M.D., Harv., 1907; Instr. in Pathol. and Neuropathol., *ibid.*, 1907–08; Surg. House Pupil, M. G. H., 1908–10; Research in Europe, 1912, 1913, and 1914; Asst. in Anat., Harv., 1913; Grad. Asst., M. G. H., O. P. D., 1915–16; Asst. to Phys.-in-Chief, Robert B. Brigham Hosp., 1915–16; *Vol. Asst., P. B. B. H., July, 1916–Jan., 1917; Assoc. in Med., ibid., Jan. 1, 1917–Jan. 1, 1918;* Major, M. C., U. S. Army, 1917–19; Med. Asst. in Problems of Convalescence, M. G. H.; in practice, Boston.

Buck, Robert William

A.B., Butler Coll., 1914; A.M., Columbia, 1915; M.D., Harv., 1921, Asst. Res., Boston Hosp. for Consumptives, 1921; *Med. H. O., P. B. B. H.; Nov. 1, 1921–March 1, 1923;* H. O., Boston Lying-In Hosp., 1923; Asst. Phys., Boston Disp.; Asst. in Med., M. G. H.; in practice, Boston.

Burlingham, Louis Herbert

A.B., Yale, 1902; M.D., Johns Hopkins, 1906; House Pupil, M. G. H., 1906–07; Asst. Res. Phys., *ibid.*, 1907–12; Asst. Adm., *ibid.*, 1912; *1st Asst. Supt., P. B. B. H., Oct. 19, 1912–April 30, 1917; Curator, ibid., May 8, 1913–May 10, 1917;* Lect. on Hosp. Adm., Washington Univ. Med. Sch.; Assoc. Editor, Modern Hosp.; Supt., Barnes Hosp., St. Louis, Mo.; Administrator, St. Louis Children's Hosp., 1917–25; Mem., Med. Council to U. S. Vet. Bureau.

Cadbury, William Warder

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Pa., 1902; Res. Phys., Pa. Hosp., 1903–05; Stud. in Vienna, 1905; Instr. in Pathol. and Pharmacodynamics, Univ. of Pa., 1906–07; Pathol., St. Mary's Hosp., Philadelphia, 1906–07; Pathol., Henry Phipps Inst. for the Study, Treatment and Prevention of Tuberculosis, 1908–09; Visit. Phys., Free Hosp. for Poor Consumptives, White Haven, Pa., 1908–09; *Asst. Res. Phys., P. B. B. H., Nov. 1, 1915–March 1, 1916;* College Phys., Canton Christian College, Canton, China; Internist, Canton Hosp.

Carr, Gladys Lydia

M.D., Tufts, 1906; H. O., N. E. Hosp. for Women and Children, 1906–07; Asst. on Maternity Staff, *ibid.*, 1907–08; Gen. Practice, Boston, 1907–08; Private Practice, Lynn, 1908–14; Head of Roent. and Electrotherapeutic

Depts., N. E. Hosp. for Women and Children; *Roentgenologist, pro tempore, P. B. B. H., June 1, 1914–Feb. 1, 1916; Roentgenologist, ibid., Feb. 1, 1916–Oct. 31, 1917;* Roentgenologist, American Comm. for Relief in the Near East, Asia Minor; Roentgenologist, Finley Hosp., Dubuque, Iowa.

CARTER, JR., DAVID WENDEL

A.B., Southwestern Univ., 1909; A.M., *ibid.*, 1910; M.D., Johns Hopkins, 1914; H. O., Clifton Springs Sanitarium, 1914; *Med. H. O., P. B. B. H., Jan. 4, 1915–July 1, 1916;* Asst. Res. Phys., J. H. H., 1916–17; Res. Phys. in charge of Private Wards, *ibid.*, 1917–18; 1st Lieut., M. C., U. S. Army, 1917–19; Visit. Phys., Parkland Hosp., Dallas; Assoc. Prof. of Med., Baylor Univ., Dallas; Mem. Staff, Baylor Hosp.; in practice, Dallas, Texas.

CARTY, JOHN RUSSELL

B.S., Princeton, 1917; M.D., Cornell, 1921; House Phys., N. Y. Hosp., 1921–23; *X-ray H. O., P. B. B. H., July 1, 1923–July 1, 1924;* Asst., Dept. of Radiology, M. G. H., Apr.–Oct., 1925; Chief of Clin. in Roent., Cornell Univ. Med. Sch. Clin., N. Y.

CHASE, HENRY MELVILLE

S.B., Dart., 1897; M.D., Harv., 1901; House Pupil, M. G. H., 1901–02; Asst. Surg., Boston Disp., 1906–14; Surg., Boston Disp.; Surg., Berkeley Infirmary; *Assoc. in Surg., P. B. B. H., Nov. 17, 1914–July 11, 1919 (resigned);* in practice, Boston.

CHELEY, GLEN EVAN

A.B., Colorado Coll., 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., July 1, 1920–Nov. 1, 1921;* H. O., Boston Lying-In Hosp., 1921–22; Instr. in Surg., Colorado Med. Sch.; Surg. to Out-Patients, Colorado Gen. Hosp.; in practice, Denver, Colorado.

COBB, STANLEY

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Surg. H. O., P. B. B. H., July 1, 1914–July 1, 1915;* Vol., Lab. of Physiol. Research, Johns Hopkins, 1915–16; Asst. in Physiol., *ibid.;* Asst. in Psychiatry, *ibid.*, 1916–17; Asst. in Psychiatry and Physiol. of the Nervous System, *ibid.;* Asst. Psychiatrist, *ibid.*, 1917–18; Assoc. in Psychiatry, *ibid.* (on leave of absence); 1st Lieut., M. C., U. S. Army, 1917–19; Asst. Neurol., M. G. H., 1919–20; Dalton Scholar, *ibid.;* Instr. in Neurol. and Physiol., Harv., 1919–23; Asst. Neurol., M. G. H.; Asst. Prof. of Neuropathol., Harv., 1923; Rockefeller Fellow in Europe, 1923–25; Assoc. Prof., Neuropathol., Harv.

COOK, WARD HANCE

A.B., Univ. of Kans., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909–10; Instr. in Embryology and Histology, *ibid.*, 1910; M.D., Harv., 1914; *Med. H. O., P. B. B. H., July 1, 1914–July 10, 1915 (resigned);* 2d Asst. in Pathol., B. C. H., 1915–16; 1st Asst. in Pathol., *ibid.*, 1916–17; Pathol., Long Island Hosp., Boston, 1917–21; Instr. in Pathol., Harv., 1917–21; Prof. of Pathol., Med. Coll. of Va., Richmond, Va., 1921–24; Assoc. Director, Wm. H. Singer Mem. Research Lab., Pittsburgh, Pa.

Councilman, William Thomas

M.D., Univ. of Md., 1878; Stud., Univs. of Vienna and Leipzig; Hon. A.M., Harv., 1899; Hon. A.M., Johns Hopkins, 1902; LL.D., Univ. of Md., 1907; LL.D., McGill Univ., 1911; Asst. Prof. in Anat., Johns Hopkins, 1890–91; Shattuck Prof. of Pathol. Anatomy, Harv., 1892; Emeritus Prof., *ibid.; Consult. Pathol., P. B. B. H., March 25, 1912–Aug. 14, 1913; Pathol., ibid., Aug. 14, 1913–Dec. 1, 1916 (granted leave of absence from Nov. 9, 1916–Dec. 1, 1916);* Mem., Dr. Hamilton Rice's Expedition to South America; Fellow, Am. Acad., 1895; Mem., Nat. Acad. of Sciences, 1904; Fellow, Philosophical Society, Phila., 1918.

Crisler, Jr., Joseph Augustus

B.S., Univ. of Va., 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., Nov. 1, 1921–March 1, 1923;* in practice, Memphis, Tenn.

Crockett, Eugene Anthony

Act. Consult. Otologist and Laryngologist, P. B. B. H., June 13, 1918–Dec. 31, 1919.

Cunningham, Thomas Donald

B.S., Dart., 1913; M.D., Harv., 1918; House Pupil, M. G. H., 1917–18; *Asst. Res. Phys., P. B. B. H., March 1, 1919–July 1, 1920;* House Pupil, Children's Med. Serv., M. G. H., 1920–21; Mem., Med. Staff, Denver City and County Hosp., St. Joseph's Hosp., St. Luke's Hosp., and Children's Hosp., Denver, Colo.; in practice, Denver, Colo.

Curtis, Robert Dudley

A.B., Harv., 1914; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., July 1, 1918–July 1, 1919;* Pediatric H. O., M. G. H., 1918; Asst. Visit. Phys., *ibid.*, O. P. D., 1919; Med. Director, Boston Baby Hygiene Assoc.; Asst. in Pediatrics, Harv.

Cutler, Elliott Carr

A.B., Harv., 1909; M.D., *ibid.*, 1913; *Surg. H. O., P. B. B. H., Nov. 1, 1913–March 1, 1915;* Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, 1915; Res. Surg., M. G. H., 1915–16; Alumni Asst. in Surg., Harv., 1915–16; Vol. Asst., Rockefeller Inst., N. Y., 1916–17; Major M. C., U. S. Army; D.S.M., 1917–19; Instr., in Surg., Harv., 1921–24; *Res. Surg., P. B. B. H., Aug. 1, 1919–Sept. 1, 1921; Assoc. in Surg., ibid., Sept. 1, 1921–July 1, 1924;* Chairman, Dept. of Surg., and Director of Lab. of Surg. Research, Harv., 1922–24; Prof. of Surg., Western Reserve Univ. Med. Sch., and Chief Surg., Lakeside Hosp., Cleveland, Ohio.

Davidson, Leonard Tomb

B.S., Oberlin, 1912; M.D., Johns Hopkins, 1919; *Med. H. O., P. B. B. H., Sept. 15, 1919–Nov. 1, 1920;* Asst. Res. Phys., Presbyterian Hosp., N. Y., 1920–21; Res. Phys., St. Louis Children's Hosp., St. Louis, 1921–23; Pediatrician Asst., Diseases of Children, Col. Physicians and Surgeons, N. Y.

Davis, Loyal

M.D., Northwestern Univ., 1918; M.S., *ibid.*, 1921; Ph.D. in Surg., *ibid.*, 1923; Nat. Research Council Fellow, 1922–24; *Vol. Grad., Asst. in Surg., P. B. B. H., Sept., 1923–March, 1924; Jr. Assoc. in Surg., ibid.,*

March, 1924–Oct., 1924; Assoc. Prof. Surg., Chief Neuro-Surg. Div., Director, Lab. Exp. Research, Northwestern Univ. Med. School; Atten. Neurol. Surg., Wesley Mem. Hosp., Chicago.

DAWSON, ROGER PAUL

A.B., Holy Cross, 1907; M.D., Harv., 1911; Med. H. O., Carney Hosp., Boston, 1911–12; *Med. H. O., P. B. B. H., Nov. 1, 1912–Nov. 1, 1913;* Fellow in Med., Harv., 1914–15; Phys., Carney Hosp., O. P. D., 1914–15; *Assoc. in Med., P. B. B. H., July 1, 1915–Dec. 31, 1916;* Asst. Phys., Boston Disp., O. P. D.; Phys. to O. P. D., M. G. H.; Asst. in Med., Harv.; in practice, Boston.

DEAN, JR., ARCHIE LEIGH

B.S., Cornell, 1913; M.D., *ibid.,* 1917; *Surg. H. O., P. B. B. H., May, 1917–Feb., 1918;* 1st Lieut., M. C., U. S. Army, 1918–19; in practice, New York.

DERICK, CLIFFORD L.

M.D., McGill Univ., 1918; H. O., Montreal Gen. Hosp., Sept., 1919–Sept., 1922; Fellow, Nat. Research Council; *Vol. Grad. Asst., P. B. B. H., Sept. 25, 1922–Sept. 1, 1923; Asst. Res. Phys., ibid., Sept. 1, 1923–July, 1924;* Asst. in Med. and Research Fellow in Bio-Chemistry, Harv., 1922–24; Asst. Res. Phys., Rockefeller Hosp., New York.

DEVAN, THOMAS ALAN

B.S., Rutgers, 1906; M.D., Johns Hopkins, 1910; H. O., Presbyterian Hosp., N. Y., 1911–13; *2d Asst. Supt., P. B. B. H., Aug. 1, 1913–May 1, 1917; 1st Asst. Supt., ibid., May 1, 1917–July 1, 1919 (resigned) (on leave of absence);* 1st Lieut., M. C., U. S. Army, Nov. 5, 1918–Dec. 6, 1918; College Phys. and Prof. of Hygiene, Rutgers Coll., New Brunswick, N. J., July, 1919–July, 1925; Asst. Director, Strong Mem. Hosp., Rochester, N. Y.

DOCK, WILLIAM

B.S., Wash. Univ., 1920; M.D., Rush Med. Coll., 1922; *Med. H. O., P. B. B. H., July 1, 1922–Nov. 1, 1923; Asst. Res. Phys., ibid., Nov. 1, 1923–Nov. 1, 1924;* Grad. Stud., Vienna, Austria; Med. Res., Lane and Stanford Hosp., San Francisco, Calif.

DONALD, DOUGLAS

B.S., Univ. of Mich., 1916; M.D., Harv., 1918; *Med. H. O., P. B. B. H., Feb. 12, 1918–March 1, 1919; Asst. Res. Phys., ibid., March 1, 1919–June 16, 1919;* Henry Ford Hosp., 1919–20; Instr. in Clin. Med., Detroit Coll. of Med.; in practice, Detroit, Mich.

DOTT, NORMAN MCOMISH

M.B., CH.B., Edinboro; F.R.C.S., Edinboro; *Jr. Assoc. in Surg., P. B. B. H., Nov., 1923–June, 1924;* Surg., Royal Edinburgh Hosp. for Sick Children; Asst. Surg., Deaconess Hosp., Edinburgh; Asst. Surg., Chalmers Hosp., Edinburgh; Lect. in Surg. Diseases of Children, Edinburgh Univ.

DRINKER, CECIL KENT

B.S., Haverford, 1908; M.D., Univ. of Pa., 1913; Vol. Asst., Dept. of Pharmacology, Univ. of Pa. Med. Sch., 1913–14; *Med. H. O., P. B. B. H., March 1, 1914–July 1, 1915;* Asst. in Physiol., Johns Hopkins, 1915–16;

Instr. in Physiol., Harv., 1916–18; *Res. Phys., P. B. B. H., July 10, 1917–Oct. 15, 1917;* Asst. Prof. Physiol., Harv., 1918–19; Assoc. Prof. Applied Physiol., *ibid.*, 1919–23; Asst. in Med., M. G. H., 1922; Asst. to the Visit. Phys., B. C. H., 1922–24; Prof. of Physiol., Harv.

Drinker, Katherine Rotan

A.B., Bryn Mawr, 1910; M.D., Women's Med. Coll. of Pa., 1914; *Asst. Res. Phys., P. B. B. H., July 7, 1917–Sept. 24, 1917;* Research Worker in Physiol., 1914–15, 1916–17; *ibid.*, Johns Hopkins, 1915–16; Managing Ed., Journal Indust. Hygiene, 1918–21; Lect. in Hygiene, Bryn Mawr Coll., 1921–23; Research Worker in Physiol., Harv.

Edwards, Sumner

A.B., Bowdoin, 1910; Stud., Hebron Acad., Me., 1910–11; M.D., Harv., 1915; *Med. H. O., P. B. B. H., Nov. 1, 1915–Jan. 6, 1916* (*died Jan. 6, 1916*).

Eliot, Martha May

A.B., Radcliffe, 1913; M.D., Johns Hopkins, 1918; *Med. H. O., P. B. B. H., June 15, 1918–July 1, 1919;* St. Louis Children's Hosp., 1919–20; Phys., Boston, Mass., 1920–21; Dept. of Pediatrics, New Haven Hosp., New Haven, Conn., 1921–23; Instr., Pediatric Dept., Yale, 1921–26; Director, Div. of Child Hygiene, U. S. Children's Bureau, Washington, D. C., 1924–26.

Elkin, Daniel Collier

A.B., Yale, 1916; M.D., Emory Univ., 1920; Asst. Res. Surg., N. Y. Lying-In Hosp., 1920; *Surg. H. O., P. B. B. H., March 1, 1921–July 1, 1922; Asst. Res. Surg., ibid., July 1, 1922–July 1, 1923; Res. Surg., ibid., July 1, 1923–Sept. 1, 1923;* Asst. in Surg., Harv., 1923; Instr. in Surg., Emory Univ. Sch. of Med., 1924; Assoc. in Surg., *ibid.;* in practice, Atlanta, Ga.

Evans, James A.

A.B., Univ. of Wis., 1917; M.D., Harv. 1920; Med. Interne, Barnes Hosp., St. Louis; Group Practice, 1 yr.; St. Frances Hosp. La Crosse, Wis.; June, 1922, holder of Scholarship in France under Professors Gilbert and Widal and Dr. Bensaude; *Asst. Res. Phys., P. B. B. H., July 10, 1923–July 1, 1924; Vol. Grad. Asst. in Roent., ibid., July 1–Aug. 1, 1924;* in practice, La Crosse, Wis.

Fallon, Louis

M.D., Univ. of Pa., 1916; *Surg. H. O., P. B. B. H., July 1, 1916–Nov. 15, 1916;* M. C., U. S. Army, 1918–19; Capt. with Base Hosp. 51 and 69 and Gen. Hosp. 31, Carlisle, Pa.; in practice, St. John's, Newfoundland.

Fishback, Fred C.

A.B., Harv., 1919; M.D., *ibid.*, 1922; *Pathol. H. O., P. B. B. H., May 15, 1923–Feb. 1, 1924;* 1 yr. at Women's Hosp., N. Y.; N. Y. Lying-In Hosp., Feb.–June, 1925; Fellow in Surg., Mayo Clinic, Rochester, Minn.

Fisher, Rivington H.

M.B., Queen's Univ., 1915; M.D., *ibid.;* C.M., *ibid.; Asst. Res. Surg., P. B. B. H., July 13, 1923–Jan. 1, 1924.*

FISKE, SEYMOUR

A.B., Univ. of Wis., 1916; M.D., Univ. of Pa., 1920; *Vol. Asst. in Pathol., P. B. B. H., June 23, 1919–Sept. 21, 1919; Med. H. O., ibid., April 1, 1920 –July 1, 1921;* Out-Patient Attend., Babies' Hosp., New York, 1921–22; Attend. Phys., Cornell Clin., 1921–23; Attend. Gastro-Enterologist, Vanderbilt Clin., New York, 1923–24; Chief of G. I. Clin., Midtown Hosp., New York; Asst. Attend. Phys., Lutheran Hosp. of Manhattan; in practice, New York.

FLEMING, HOWARD

A.B., Univ. of Cal., 1914; M.D., *ibid.*, 1917; Med. and Surg. H. O., San Francisco Hosp. for 8 mos.; Capt., M. C., U. S. Army; Asst. Res. Surg., San Francisco Hosp., 1919; *Asst. Res. Surg., P. B. B. H., Dec. 20, 1919–Feb. 1, 1921;* Instr. in Surg., Univ. of Cal.; Visit. Neuro-Surg., St. Luke's, Mt. Zion, and San Francisco Hospitals; in practice, San Francisco.

FLEMING, LEROY NEWTON

A.B., Miami, 1910; M.D., Johns Hopkins, 1914; Asst. in Surg., *ibid.*, 1915; *Surg. H. O., P. B. B. H., Nov. 1, 1915–March 1, 1916;* Special Stud., Univ. of Mich., 1915–16; Surg. Research, Detroit, Mich.

FOLEY, FREDERIC E. B.

Ph.B., Yale, 1913; M.D., Johns Hopkins, 1918; Asst. in Pathol., *ibid.*, 1918–19; Lab. for Surg. Research, Harv., 1919–20; *Surg. H. O., P. B. B. H., March 1, 1920–July 1, 1921;* Genito-urinary Surg., City and County Hosp., St. Paul, Minn.; Visit. Surg., Miller Hosp.; Urologist, Miller Hosp. Clin., St. Paul, Minn.; in practice, St. Paul, Minn.

FORBES, HENRY STONE

A.B., Harv., 1905; Philippine Islands, 1905–06; M.D., Harv., 1911; Med. H. O., B. C. H., 1911–13; *Sr. Med. H. O., P. B. B. H., June 1, 1913–Nov. 1, 1913;* Phys. for Men, Infirmary, Univ. of Cal., Berkeley, Cal., 1914–15; Am. Red. Cross, Serbia, 1915–16; Asst. Phys., M. G. H., O. P. D.; Lieut. and Capt., M. C., U. S. Army, 1917–19; Research Work, Cancer Commission, Harv.; Lab. and Field Work, Div. Industrial Hygiene, *ibid.;* Hon. Research Fellow, Applied Physiol., Yale Univ., New Haven, Conn.; Research Work, Neuropathol., Harv.; Research Fellow, Neuropathol., *ibid.*

FOSTER, JOHN HESS

B.S., Colby, 1913; M.D., Univ. of Pa., 1917; *Med. H. O., P. B. B. H., July 1, 1917–June 15, 1918;* 1st Lieut., M. C., U. S. Army, 1918–19; Instr. in Med., Hunan-Yale Coll. of Med., Changsha, China; Vol. Asst., Thorndike Mem. Lab., B. C. H., 1923–24; Asst. in Med., Harv., 1924; Asst. Prof. in Med., Hunan-Yale Coll. of Med., Changsha, China.

FOSTER, LEWIS CHANDLER

A.B., Univ. of Kansas, 1919; M.D., Harv., 1923; Substitute Med. Serv., N. Y. Hosp., 2 mos., 1922; *Surg. H. O., P. B. B. H., July 1, 1923–Nov. 1, 1924.*

FREMONT-SMITH, FRANK

M.D., Harv., 1921; *Pathol. H. O., P. B. B. H., July 1, 1921–July 1, 1922;* Med. H. O., B. C. H., 1922–23; Asst. in Neuropathol., Harv., 1923–24;

Asst. in Neurol., M. G. H.; Asst. in Neuropathol., Harv., 1924–25 and 1925–26; John White Brown Scholar, Harv., 1924–25 and 1925–26.

FREMONT-SMITH, MAURICE

A.B., Harv., 1913; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., March 1, 1918–Feb. 7, 1919;* in charge of hosp. at Sivas, Armenia, 1919–20; in practice, Boston.

GABE, WILLIAM EDWIN

M.D., Harv., 1918; *Surg. H. O., P. B. B. H., March 1, 1918–March 31, 1919;* Instr. in Surg., Indiana Univ. Sch. of Med.; Visit. Staff in Gynecology, Indianapolis City Hosp.; Staff, Methodist Episcopal Hosp., and St. Vincent's Hosp., Indianapolis; in practice, Indianapolis, Indiana.

GOETSCH, EMIL

S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. and Assoc. in Anat., *ibid.*, 1904–08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908–09; Rush Med. Coll., 1906–07; M.D., Johns Hopkins, 1909; Asst. in Surg., *ibid.*, 1909–10; Asst. Res. Surg., *ibid.*, 1910–12; *Res. Surg., P. B. B. H., Sept. 1, 1912–Sept. 1, 1915;* Asst. in Surg., Harv., 1912–15; Assoc. in Surg., Johns Hopkins, 1915–18; Assoc. Prof. of Surg., *ibid.*, 1918–19; Prof. of Surg. and Surg.-in-Chief, Long Island Coll. Hosp., Brooklyn, N. Y.; in practice, Brooklyn, N. Y.

GOLDEN, ROSS

A.B., Cornell (Mt. Vernon, Iowa), 1912; M.D., Harv., 1916; *Med. H. O., P. B. B. H., July 1, 1916–July 18, 1917;* Capt. and Major, M. C., U. S. Army, 1917–20; House Phys., X-ray Dept., M. G. H., 1920–21; *Asst. Res. Phys., P. B. B. H., July 1, 1921–April 15, 1922;* Visit. Phys., Roentgen-ray Dept., Presbyterian Hosp., New York; Asst. Prof. of Med., Columbia Univ.

GOODALL, HARRY WINFRED

A.B., Dart., 1898; M.D., Harv., 1902; House Pupil, M. G. H., 1902–03; House Pupil, Boston Lying-In Hosp., 1903; *Assoc. in Med., P. B. B. H., Dec. 12, 1912–Dec. 31, 1917;* Lieut. Col., M. C., U. S. Army, 1917–19; Instr. in Med., Harv. Grad. Sch. of Med.; Phys., Boston Dispensary; Asst. Visit. Phys., N. E. Baptist Hosp.; in practice, Boston.

GOODPASTURE, ERNEST WILLIAM

A.B., Vanderbilt, 1907; M.D., Johns Hopkins, 1912; Rockefeller Fellow in Pathol., Johns Hopkins, 1912–14; Pathol., Union Protest. Infirmary, Baltimore, 1913–14; Asst. Res. Pathol., J. H. H., 1913–14; Act. Res. Pathol., *ibid.*, 1914–15; Instr. in Pathol., Johns Hopkins, 1914–15; *Res. Pathol., P. B. B. H., Sept. 1, 1915–Oct. 1, 1917;* Asst. Prof. Pathol., Harv.; Fellow in Pathol., Cancer Comm., *ibid.;* Lieut. (j. g.), M. C., U. S. N. R. F.; *Act. Pathol., P. B. B. H., Feb. 1, 1920–Aug. 15, 1920;* Chief, Dept. of Pathol. and Bacteriol., Univ. of Philippines, 1922; Pathol., Phil. Gen. Hosp., Manila, 1922; Director, William H. Singer Mem. Research Lab., Pittsburgh, 1922–24; Scholarship, Gen. Education Board of the Rockefeller Found., Inst. for Gen. and Exp. Pathol., Vienna, 1924–25; Prof. of Pathol., Vanderbilt Univ.

GRANT, SAMUEL BECKER

B.S., Washington Univ., 1918; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., Oct. 16, 1920–March 1, 1922;* Med. H. O., J. H. H., March 1, 1922–May 1, 1922; *Asst. Res. Phys., P. B. B. H., April 15, 1922–Sept. 15, 1923;* Asst. in Clin. Med., Wash. Univ.; Clin. Asst. in Med., Barnes Hosp.; in practice, St. Louis, Mo.

GRAVES, ROGER COLGATE

A.B., Syracuse Univ., 1913; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., Aug. 15, 1918–Oct. 19, 1919;* Asst. Res. Surg., New Haven Hosp., New Haven, Conn., 1919–20; *Asst. Res. Surg., P. B. B. H., July 15, 1920–Aug. 1, 1921; Assoc. in Surg., ibid., Sept. 1, 1921–April, 1923;* Cabot Fellow, Harv., in charge of Lab. of Surg. Research, Sept. 1, 1921–Sept. 1, 1922; Asst. Visit. Surg., Long Island Hosp.; Secretary, Med. Research Comm., Boston Conservation Bureau; in practice, Boston.

GRAY, HORACE

A.B., Harv., 1909; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., Nov. 1, 1914–March 1, 1916;* 1st Lieut., M. C., U. S. Army, 1917–19; in practice, Santa Barbara, Calif.

GREENSPON, EDWARD A.

M.D., McGill Univ., 1916; House Bacteriol., Royal Victoria Hosp., Montreal, 1916–17; Asst. Res. Pathol., Johns Hopkins, 1917–18; Capt., Canadian Army Med. Corps; *Res. Pathol., P. B. B. H., Oct. 1, 1919–April 1, 1920; Med. H. O., ibid., April 1, 1920–July 1, 1921;* May Fellow in Med. Research, Johns Hopkins; Asst. in Med., *ibid.*, 1921–23; Jr. Attend. Phys., Montreal Gen. Hosp.; in practice, Montreal, Canada.

GREY, ERNEST

A.B., Univ. of Wis., 1907; Asst. in Anat., *ibid.*, 1907–08; Stud. in Med., *ibid.*, 1907–08; M.D., Johns Hopkins, 1911; Res. H. O., *ibid.*, 1911–12; *Surg. H. O., P. B. B. H., Nov. 1, 1912–Feb. 12, 1914; Asst. Res. Surg., ibid., Feb. 12, 1914–Sept. 1, 1916;* Asst. in Surg., Harv., 1915–16; Instr. in Surg., Johns Hopkins; *died, Oct. 12, 1918.*

HALE, WORTH

A.B., Univ. of Mich., 1908; M.D., *ibid.*, 1904; *Assoc. in Med., P. B. B. H., Nov. 1, 1917–Dec. 31, 1918;* Assoc. Prof. of Pharm. and Asst. Dean, Harv.

HALLER, DAVID ALEXANDER

A.B., Hampden-Sidney, 1908; M.D., Columbia, 1913; *Med. H. O., P. B. B. H., Nov. 1, 1913–March 1, 1915; Asst. Res. Phys., ibid., March 1, 1915–Oct. 1, 1916; Res. Phys., ibid., Oct. 1, 1916–June 6, 1917;* Major, M. C., U. S. Army, 1917–19; Junior Attend. Phys., Hahnemann Hosp., 1920–21; Internist for the Rochester Clinic, Rochester, N. Y., 1919–25; Asst. Phys., Rochester Gen. Hosp.; Phys. to Baden St. Disp.; Instr. in Med., Univ. of Rochester Med. Sch.; Asst. Phys., Strong Mem. Hosp., Rochester, N. Y.; Chief, Med. Serv., Rochester Gen. Hosp.

HANSMANN, GEORGE H.

M.D., Univ. of Iowa, 1918; Hosp. Chem., Iowa Univ. Hosp., 1918–19; Clin. Asst., Dept. of Internal Med., *ibid.*, 1919–20; Lect. in Clin. Micro-

scopy, *ibid.*, 1920–21; *Res. Pathol., P. B. B. H., Sept. 15, 1921–Sept. 15, 1923;* Pathol., Iowa Univ. Hosp.

HARBIN, ROBERT MAXWELL
B.S., Univ. of Georgia, 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., Nov. 1, 1920–March 1, 1922;* H. O., Children's Hosp., 1922–23; Jr. Surg., Harbin Hosp., 1923–25; Assoc. in Orthopedic Surg., Lakeside Hosp.; Surg. in Charge, Rainbow Hosp.; Instr. in Orthopedics, Western Reserve Univ., Cleveland, Ohio.

HARRISON, TINSLEY RANDOLPH
A.B., Univ. of Mich., 1919; M.D., Johns Hopkins, 1922; *Med. H. O., P. B. B. H., Nov. 1, 1922–March 1, 1924; Asst. Res. Phys., ibid., March 1, 1924–Sept. 1, 1924;* Asst. in Med., Johns Hopkins.

HARVEY, SAMUEL CLARK
Ph.B., Yale, 1907; M.D., *ibid.*, 1911; Alonzo Clark Fellow, Columbia, 1911–12; Instr. in Pathol., *ibid.*, 1912–13; Asst. Res. Phys., Loomis Sanitorium, Loomis, N. Y., 1913–14; *Surg. H. O., P. B. B. H., Nov. 1, 1914–Nov. 1, 1915 (resigned);* Arthur Tracy Cabot Fellow, in charge of Lab. of Surg. Research, Harv., 1915–16; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1916–May 7, 1917;* Major, M. C., U. S. Army, 1917–19; Res. Surg., New Haven Hosp.; Instr. in Surg., Yale, 1919–20; Asst. Prof. of Surg., *ibid.*, 1920–21; Assoc. Prof. of Surg., *ibid.*, 1921–23; Surgeon-in-Chief, New Haven Hosp. and New Haven Disp.; Prof. of Surg., Yale.

HATCH, FLOYD FROST
A.B., Univ. of Utah, 1912; M.D., Harv., 1914; *Med. H. O., P. B. B. H., March 1, 1914–Jan. 4, 1915 (granted leave of absence from Jan. 4, 1915–Feb. 28, 1915);* Surg. House Pupil, M. G. H., 1915–16; House Surg., *ibid.*, 1916–17; Surg. to G. U. Dept., Salt Lake County Hosp., 1917–18; Surg. to G. U. Dept., L. D. S. Hosp., Salt Lake City, Utah; 1st Lieut., M. C., U. S. Army, 1918–19; Asst. County Phys., Salt Lake County Hosp., and Asst. Visit. Surg., *ibid.*, 1921–22; Surg., Inter-Mountain Clin.; in practice, Salt Lake City, Utah.

H'DOUBLER, FRANCIS TODD
B.A., Univ. of Wis., 1907; M.A., *ibid.*, 1908; Ph.D., *ibid.*, 1910; Stud., Univ. of Wis. Med. Sch., 1 yr.; Stud., Rush Med. Sch. and Univ. of Philippines, 1 yr.; M.D., Harv., 1915; H. O., Augustana Hosp., Chicago, 1915–16; *Med. H. O., P. B. B. H., Jan. 11, 1916–March 1, 1917;* H. O., Augustana Hosp., 1917–18; 1st Lieut. and Capt., M. C., U. S. Army, 1918–19; Moseley Travelling Fellow, Harv., 1919–20; Lakeside Hosp., Cleveland, Ohio, 1921; Instr. in Pathol. and Surg., Univ. of Ill., 1921–24; Jr. Attend. Surg., Augustana Hosp., Chicago; in practice, Chicago; Attend. Surg., St. John's, Burge Deaconess, and Springfield Baptist Hospitals; Instr., Bacteriol., S. W. T. Coll., Springfield, Mo.; in practice, Springfield, Mo.

HEAD, JEROME R.
M.D., Harv., 1922; *Surg. H. O., P. B. B. H., July 1, 1922–Nov. 1, 1923;* Surg. Pathol., Mayo Clin., Rochester, Minn., Mar.–June, 1924; Res. Surg., State of Wis. Gen. Hosp., Madison, Oct., 1924–Feb., 1926; Instr. in Surg., Univ. of Ill.; in practice, Chicago, Ill.

HERRICK, THEODORE POMEROY

A.B., Yale, 1915; M.D., Harv., 1919; *Med. H. O., P. B. B. H., Dec. 26, 1918–Jan. 1, 1920;* Med. H. O., Children's Hosp., Boston, 1920; H. O., Infants' Hosp., Boston, 1921; Res. Pediatrician, Rainbow Hosp., 1921–24; Asst. Visit. Pediatrician, St. Luke's Hosp., Cleveland, 1922–23; Asst. Visit. Pediatrician, St. Vincent's Charity Hosp., Cleveland, Ohio; in practice, Cleveland, Ohio.

HERRMANN, GEORGE R.

B.S., Univ. of Mich., 1916; M.D., M.S., *ibid.*, 1918; Ph.D., *ibid.*, 1922; *Med. H. O., P. B. B. H., Oct. 1, 1918–Oct. 1, 1919;* Asst. Res. Phys., Barnes Hosp., 1919–20; Res. Phys., *ibid.*, and Asst. in Med., Wash. Univ., St. Louis, 1920–21; Instr. in Med., Univ. of Mich., and Asst. Prof. Med., *ibid.*, 1921–25; Asst. Prof. of Med., Tulane Univ., New Orleans, La.

HJORT, AXEL MAGNUS

A.B., Univ. of Ill., 1914; M.S., *ibid.*, 1915; Ph.D., Yale, 1918; M.D., Yale Univ. Med. Sch., 1921; *Med. H. O., P. B. B. H., July 1, 1921–Nov. 1, 1922;* Parke Davis & Co., Detroit, Mich.

HODGSON, JOHN SPRAGUE

Ph.B., Brown, 1911; M.D., Harv., 1917; Surg. House Pupil, M. G. H., 1915–16; Res. Surg., *ibid.*, 1916; *Surg. H. O., P. B. B. H., Nov. 1, 1916–March 1, 1917; Asst. Res. Surg., ibid., March 1, 1917–June 22, 1917;* 1st Lieut., M. C., U. S. Army, 1917–19; Typhus Work in Macedonia, 1919; Res. Surg., M. G. H., 1920.

HOLMAN, EMILE

A.B., Stanford Univ., 1911; Univ. of Oxford, 1916; Med. Stud., Oxford Univ., Royal College of Surgeons, Edinboro, Rotunda Hosp., Dublin, National Hosp., London, 1914–17; M.D., Johns Hopkins, 1918; Res. Med. Officer, Children's Hosp. Sch., 1918–19; Asst. Res. Surg., J. H. H., 1919–21; Res. Surg., *ibid.*, 1921–23; Instr. in Surg., J. H. M. S., 1920–23; *Asst. Res. Surg., P. B. B. H., July 15, 1923–Sept. 1, 1923; Res. Surg., ibid., Sept. 1, 1923–July 1, 1924;* Austin Teach. Fellow, Harv., 1923–24; Attend. Surg., Lakeside Hosp. and Asst. Prof. of Surg., Western Reserve Univ., Cleveland, Ohio, July, 1924–Dec., 1925; Assoc. Prof. Surg., Stanford Univ. Med. Sch.; Attend. Surg., Stanford Univ. Hosp., San Francisco.

HOUSTON, JR., DAVID WALKER

A.B., Princeton, 1912; M.D., Harv., 1916; *Surg. H. O., P. B. B. H., July 1, 1916–Nov. 1, 1917; Asst. Res. Surg., ibid., Nov. 1, 1917–Feb. 8, 1918;* 1st Lieut., M. C., U. S. Army, 1918–19; Attend. Surg., Samaritan Hosp., Troy, N. Y.; in practice, Troy, N. Y.

HOWARD, HERBERT BURR

A.B., Harv., 1881; M.D., *ibid.*, 1884; Asst. Phys., State Infirmary, Tewksbury, Mass., 1884–85; in practice, Idaho Springs, Colo., 1885–87; Asst. Phys., State Infirmary, 1887–91; Supt., *ibid.*, 1891–97; Res. Phys., M. G. H., 1897–1908; *Supt., P. B. B. H., May 1, 1908–May 1, 1919 (retired — age limit);* Mem., Mass. State Bd. of Insanity, 1898–1913 (Chairman, 1908–13); Pres., American Hosp. Assoc., 1909–10; Trustee, State Colony for the Insane, Gardner, Mass.; *died, March 6, 1923.*

HURWITZ, SAMUEL HAYMANN

A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Stud., Univ. of Strassburg, Germany, 1909–10; Spec. Student, Inst. of Infectious Diseases, Berlin, Germany, summer of 1911; M.D., Johns Hopkins, 1912; Res. H. O., J. H. H., 1912–13; *Surg. H. O., P. B. B. H., Nov. 1, 1913–March 1, 1915;* Instr. in Research Med., Univ. of Cal.; Asst. Clin. Prof. of Med., *ibid.;* Phys., Mt. Zion Hosp.; in practice, San Francisco, Calif.

JACK, EDWIN EVERETT

A.B., Harv., 1884; M.D., *ibid.*, 1887; *Act. Consult. Ophthalmologist, P. B. B. H.;* Consult. Ophthalmologist, Mass. Eye and Ear Infirm.; in practice, Boston.

JACK, WILLIAM DAVID

A.B., Creighton, 1908; Grad. Stud., Univ. of Chicago, 1909–10; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H., July 1, 1914–Nov. 1, 1915;* Capt. and Asst. Surg., 2d Harv. Unit, B. E. F., France, 1915–16; Asst. Res. Urologist, J. H. H., 1916–17; Capt., M. C., U. S. Army and Consult. Urologist, A. E. F., 1917–19; Asst. Res. Surg., and Res. Urol., J. H. H., 1919–21; in practice, Chicago, Ill.

JACOBSON, CONRAD

B.S., Beloit, 1900; Grad. Stud., 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. and Bacteriol., Armour Inst. of Tech., 1903–05; Research Asst. in Pathol., Univ. of Chicago, 1907–08; M.D., Johns Hopkins, 1911; Asst. in Surg., Hunterian Lab., *ibid.*, 1911–12; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1912–Sept. 1, 1915; Res. Surg., P. B. B. H., Sept. 1, 1915–July 1, 1920;* Asst. in Surg., Harv.; Assoc. Prof. of Surg., Univ. of Minn. Med. Sch. 1920–22; in practice, Seattle, Washington.

JACOBSON, VICTOR CLARENCE

B.S., Univ. of Wis., 1915; M.D., Harv., 1917; *Med. H. O., P. B. B. H., July 18, 1917–July 1, 1918;* 1st Lieut., M. C., U. S. Army, 1918; *Pathol. H. O., P. B. B. H., Jan. 1, 1919–July 1, 1919; Res. Pathol., ibid., July 1, 1919–Oct. 1, 1919;* Asst. Prof. of Pathol., Univ. of Wisconsin, 1919–20; *Res. Pathol., P. B. B. H., July 1, 1920–Sept. 1, 1921;* Instr. in Pathol., Harv., 1920–21; Pathol., Albany Hosp. and Child's Hosp.; Prof. of Pathol., Union Univ., Albany, N. Y.

JAMESON, CHARLES HAROLD

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Surg. H. O., P. B. B. H., June 15, 1919–Nov. 1, 1920;* Free Hosp. for Women, Brookline, 1920–21; *Asst. Res. Surg., P. B. B. H., Feb. 14, 1921–June 15, 1921; Asst. Res. Surg., ibid., Sept. 15, 1921–June 21, 1922;* in practice, Rockland, Maine.

JANNEY, JAMES CRAIK

A.B., Harv., 1911; M.D., *ibid.*, 1915; *Surg. H. O., P. B. B. H., July 1, 1915–Nov. 1, 1916;* Asst. Surg., Free Hosp. for Women, O. P. D., Brookline; Capt., M. C., U. S. Army; H. O., Boston Lying-In Hosp., 1923; in practice, Boston.

JOELSON, JAMES J.

M.D., Columbia, 1920; Surg. Interne, Presbyterian Hosp., N. Y., 1920–22; *Asst. Res. Surg., P. B. B. H., July 15, 1922–July 26, 1923;* Asst. Res.

Surg., New Haven Hosp., and Instr. in Surg., Yale, 1923–24; Asst. Res. Surg. (Urology), Lakeside Hosp.; Demonstr. in G. U. Surg., Western Reserve Univ., Cleveland, Ohio, July, 1924–July, 1925; Instr. in G. U. Surg., *ibid.;* Asst. G. U. Surg., Lakeside Hosp.

Jones, Merritt Lacount

S.B., Univ. of Wis., 1912; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., July 1, 1915–Nov. 1, 1916; Asst. Res. Surg., ibid., Nov. 1, 1916–March 1, 1917;* Capt., M. C., U. S. Army, 1917–19; in practice, Wausau, Wis.

Kazanjian, Varaztad H.

D.M.D., Harv., 1905; M.D., *ibid.*, 1921; Mem., Harv. Unit, B. E. F., 1915–16; Surg. Specialist for Wounds of Jaws and Face, B. E. F., 1916–19; C. M. G.; *Dental Surg., P. B. B. H., Jan. 22, 1920–Dec., 1922;* Prof. of Clin. Oral Surg., Harv.; Visit. Surg., Oral and Plastic Surg., B. C. H.; Asst. Surg. in Oto-Laryngology, M. G. H.; Mem., Assoc. Staff, Mass. Women's Hosp.; Consult. Oral Surg., Camb. Hosp.; Mem. of Staff, Consult. Surgeons, Newport Hosp., Newport, R. I.; Attend. Specialist, U. S. P. H. S.; in practice, Boston.

Kebabjian, Hrant Setrag

A.B., Anatolia Coll. (Armenia), 1913; M.D., Harv., 1918; Admitting Phys., Babies' Ward, Post Grad. Hosp., N. Y., 1918; *Surg. H. O., P. B. B. H., Nov. 15, 1918–March 1, 1920;* City Phys., Buffalo, N. Y., 1920–21; Director, Comm. on Hosps. in Cilicia, 1921–22; Asst. Res., Long Island Hosp., Boston Harbor, 1922; in practice, Boston.

Keegan, John Jay

A.B., Univ. of Neb., 1912; A.M., *ibid.*, 1914; M.D., *ibid.*, 1915; Instr. in Anat., *ibid.*, 1915–17; *Pathol. H. O., P. B. B. H., June 15, 1917–Dec. 15, 1917;* Lieut., M. C., U. S. Navy, 1917–19; *Surg. H. O., P. B. B. H., Aug. 13, 1919–Nov. 1, 1920;* Asst. Prof. of Pathol., Univ. of Neb., 1920–23; Prof. Clin. Pathol., Director of Clinics, Sec. of the Faculty, *ibid.*, 1923; Act. Dean, *ibid.*, 1920–23; Neuro-surg., Univ. Hosp.; Dean, Coll. of Med., Univ. of Nebraska; in practice, Omaha, Nebraska.

Keyser, Linwood Dickens

B.A., Virginia, 1914; M.D., Johns Hopkins, 1918; H. O., J. H. H., 1918–19; *Asst. Res. Surg., P. B. B. H., July 1, 1919–Nov. 1, 1919;* Res. Surg., N. Y. Post Grad. Hosp., N. Y. City, 1920; Fellow, Mayo Foundation, Rochester, Minn., 1920–23; M.S., Mayo Foundation; Univ. of Minn. Grad. Sch. in Med., 1921; Surg. and Urol., Lewis Gale Hosp. Clin., Roanoke, Va.; in practice, Roanoke, Va.

King, Donald Storrs

A.B., Oberlin, 1912; M.D., Harv., 1918; H. O., Orthopedic Serv., Children's Hosp.; 1st Lieut., M. C., U. S. Army, 1918–19; Med. H. O., M. G. H., 1919–21; *Assoc. in Pathol., P. B. B. H., May 24, 1921–May 24, 1922;* Fellow in Med., Harv., 1923; Asst. in Med., *ibid.;* Asst. in Med., M. G. H.; Asst. Phys. to Out-Patients, M. G. H.; in practice, Boston.

KING, WILLIAM ROBERT

B.S., Univ. of Minn., 1913; M.D., Harv., 1917; *Med. H. O., P. B. B. H., July 1, 1917–Feb. 1, 1918; Asst. Res. Phys., ibid., Feb. 1, 1918–Oct. 24, 1918 (resigned);* in practice, Minneapolis, Minn.

KINSMAN, JAMES MURRAY

B.A., Mt. Allison Univ., Sackville, N. B., 1918; M.D., C.M., McGill Univ., 1922; Pathol. Interne, Royal Victoria Hosp., 1922–23; Demonstr. in Pathol., McGill Univ., 1922–23; *Med. H. O., P. B. B. H., July 1, 1923–Nov. 1, 1924;* Asst. Res. Med., New Haven Hosp., New Haven, Conn.; Phys., Med. Service, Louisville City Hosp., Louisville, Ky.

KIRKWOOD, ALLAN STEWART

M.D., Univ. and Bellevue Hosp. Med. Coll., N. Y., 1913; *Assoc. in Med., P. B. B. H., Nov. 1, 1917–Dec. 31, 1917;* Major, M. C., U. S. Army; Phys. to Tuberculosis Clin., O. P. D., Mountainside Hosp., Montclair, N. J.; Neuro-Psychiatrist, *ibid.;* Visit. Phys., St. Vincent's Hosp., Montclair; Consult. Phys., Montclair Bd. of Health; in practice, Montclair, N. J.

KOEFOD, HILMAR OLAF

B.S., Beloit, 1911; M.D., Harv., 1916; Moseley Travelling Fellowship, *ibid.*, in Europe, summer of 1916; *Med. H. O., P. B. B. H., Nov. 1, 1916–Nov. 1, 1917;* 1st Lieut., M. C., U. S. Army, 1917–18; Chief of Clin. at Mem. Lab. and Clin., Santa Barbara, Cal.; Asst. in Med., Med. Sch., Univ. of Cal.; Asst. to Prof. H. C. Moffitt in his private work; Chief of Med. Dept., Santa Barbara Clin.; Attend. Phys., Cottage Hosp., Santa Barbara, Cal.; in practice, Santa Barbara, Cal.

KREUTZMANN, HENRY ADOLPH ROBERT

M.D., Univ. of Pa., 1916; *Surg. H. O., P. B. B. H., March 1, 1917–Feb. 4, 1918;* Lieut., M. C., U. S. Army; Instr. in Urol., Univ. of Cal.; Urologist for N. W. P. R. R.; Chief Urol., Chinese Hosp.; in practice, San Francisco, Cal.

LADD, WILLIAM SARGENT

B.S., Amherst, 1910; M.D., Columbia, 1915; *Med. H. O., P. B. B. H., Nov. 1, 1915–March 1, 1917;* Asst. Phys., Presbyterian Hosp., New York, and Instr. in Med., Columbia, 1918–19; 1st Lieut., M. C., U. S. Army; Asst. in Med., J. H. H., and Instr. in Med., Johns Hopkins, 1919–21; Instr. in Med., Columbia, 1921–24; Assoc. in Med., *ibid.;* Asst. Phys., Presbyterian Hosp., N. Y.

LAMSON, PAUL DUDLEY

A.B., Harv., 1905; M.D., *ibid.*, 1911; Med. House Pupil, M. G. H., 1909–10; Lect. Asst. in Pharm., Univ. of Wurzberg, Germany, 1912–13; Sheldon Travelling Fellow, Harv., 1911–13; *Asst. Res. Phys., P. B. B. H., Oct. 1, 1913–Oct. 15, 1914;* Asst. in Exp. Therapeutics, Johns Hopkins, 1914–15; Assoc. in Exp. Therapeutics, *ibid.;* Assoc. Prof. Pharmacology, *ibid.;* Prof. Pharmacology, Vanderbilt Univ. Sch. of Med.

LANMAN, THOMAS HINCKLEY

A.B., Harv., 1912; M.D., *ibid.*, 1916; *Assoc. in Urol., P. B. B. H., March 22, 1920–June 26, 1922;* Jr. Asst. Surg., Children's Hosp., Boston; in practice, Boston.

LEHMAN, EDWIN PARTRIDGE

A.B., Williams, 1910; M.D., Harv., 1914; *Surg. H. O., P. B. B. H., July 1, 1914–July 1, 1915;* Asst. Res. Surg., Barnes Hosp., St. Louis, Mo., 1915–16; Asst. in Surg., Washington Univ., 1916–20; 1st Lieut., M. C., U. S. Army, 1917–19; Res. Surg., Barnes Hosp., St. Louis, 1919–20; Visit. Surg., St. Louis City Hosp.; Asst. Surg., Barnes Hosp.; Visit. Surg. Jewish Hosp.; Surg. to Out-Patients, Washington Univ. Disp.; Instr. in Clin. Surg., Washington Univ.; Clin. Asst., St. Louis Mullanphy Hosp.; in practice, St. Louis, Mo.

LEWIS, EDWIN RAY

M.D., Boston Univ., 1901; Asst. Surg., Clinton Hosp., 1907; Asst. Supt., Mass. Homœopathic Hosp., 1909; Act. Supt., *ibid.*, 1916; Supt., Hahnemann Hosp., Rochester, N. Y., 1916; Supt., Flower Hosp., 1919–20; Capt., M. C., U. S. Army, 1918–19; *2d Asst. Supt., P. B. B. H., April 11, 1921–Oct. 1, 1923;* Supt., Easton Hosp., Easton, Pa.

LIEB, CLARENCE WILLIAM

A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., Harv., 1914; *Pathol., H. O., P. B. B. H., April 1, 1914–June 6, 1914 (resigned);* Med. Director, "The Glen Springs," Watkins, N. Y., 1914–17 (resigned); Gastroenterologist, Post Grad. Hosp., N. Y.; in practice, New York.

LOCKE, JR., CHARLES EDWARD

A.B., M.S., Univ. of Cal.; M.D., *ibid.*, 1919; S.D. (*en Chirurgie*), Univ. of Brussels, 1922; Med. and Surg. H. O., Univ. of Cal. Hosp., 12 mos.; *Asst. Res. Surg., P. B. B. H., June 15, 1920–June 1, 1921;* Asst. on Visit. Surg. Staff, Dr. Depage's Service, St. Pierre Hosp., Brussels; Asst. Etranger, Prof. Pierre Marie's Serv. Salptêriére, Paris, 1921–22; Fellow, C.R.B., Educational Foundation, 1921–22; Asst. in Dept. of Surg., Univ. of Cal. Med. Sch.; Staff of University Hospital; Fellow, National Research Council, 1922–23; Full-time Instr. in Surg., Univ. of Cal.; Staff, Hooper Research Foundation, 1923–24; Neurol. Surg., Cleveland Clinic.

LOURIA, HENRY WALTER

A.B., Columbia, 1916; M.D., *ibid.*, 1919; Surg. H. O., Presbyterian Hosp., N. Y., 1919–20; *Med. H. O., P. B. B. H., July 1, 1920–Oct. 1, 1921;* Stud., M. I. T., 1921; Med. Interne, J. H. H., 1921–22; Asst. Surg., Brooklyn Jewish Hosp.; in practice, Brooklyn, N. Y.

LYLE, EVELINE BURTON

B.A., Mt. Holyoke Coll., 1906; M.D., Tufts Coll. Med. Sch., 1913; *Act. Assoc. in Med., P. B. B. H., Nov. 1, 1917–Dec. 31, 1917;* Visit. Phys. and Obstetrician, N. E. Hosp. for Women and Children; in practice, Boston.

LYNCH, JR., JAMES JOSEPH

B.S., Notre Dame Univ., 1915; M.D., Harv., 1919; H. O., Boston Lying-In Hosp., 1919; *Med. H. O., P. B. B. H., July 1, 1919–July 1, 1920;* H. O., Cambridge City Hosp., 1920–21; Jr. Visit. Obstetrician, St. Elizabeth's Hosp.; Jr. Asst. Surg., Boston Disp.; in practice, Boston.

LYON, DON DEE

S.B., Wash. Univ., 1914; M.D., Harv., 1920; H. O., Huntington Hosp., 1919–20; Interne, Bridgeport Hosp., 1920–21; *Surg. H. O., P. B. B. H.,*

March 1, 1921–July 1, 1922; Res. Phys., Blodgett Mem. Hosp., Grand Rapids, Mich.; Int. Med., Grand Rapids Clin., 1924–25; in practice, Bridgeport, Conn.

MALLORY, TRACY BURR
M.D., Harv., 1921; *Med. H. O., P. B. B. H., March 1, 1922–July 1, 1923;* Instr. in Bacteriol., Harv.

MARINUS, CARLETON J.
B.Sc., Syracuse, 1915; M.Sc., *ibid.*, 1917; M.D., Univ. of Mich., 1921; *Med. H. O., P. B. B. H., Nov. 1, 1921–March 1, 1923;* in practice, Detroit, Mich.

MARKHAM, BLACKWELL
A.B., Univ. of N. C., 1917; M.A., *ibid.*, 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., July 1, 1922–Nov. 1, 1923;* Res. Surg., Fifth Ave. Hosp., 1923–24; in practice, Durham, N. C.

MARLOW, SEARLE BISSET
A.B., Harv., 1912; Stud., Harv., 1 yr.; M.D., Syracuse, 1916; *Pathol. H. O., P. B. B. H., July 1, 1916–June 11, 1917;* Capt., M. C., U. S. Army, 1918–19; House Surg., Herman Knapp Hosp., N. Y., 1920–21; Instr. of Ophthal., Syracuse Univ.; Ophthalmologist, Syracuse Free Disp., St. Joseph's Hosp., General Hosp., and Syracuse Mem. Hosp.; in practice, Syracuse, N. Y.

MARTIN, PAUL
S.B., Brussels, 1911; M.D., *ibid.*, 1920; Med. Interne, Hosp. St. Pierre, Brussels, 1919–20; Surg. Interne, New Haven Hosp., 1920–21; *Assoc. in Surg., P. B. B. H., Sept. 1, 1921–March 1, 1922; Asst. Res. Surg., ibid., March 1, 1922–Nov. 1, 1922;* Asst. in Surg., Brussels Univ. Hosp.; in practice, Brussels, Belgium.

MARVIN, FRANK WILLIAM
A.B., Harv., 1910; M.D., *ibid.*, 1914; House Pupil, M. G. H., 1914–15; *Surg. H. O., P. B. B. H., Nov. 1, 1915–March 1, 1916;* Asst. Surg., M. G. H., O. P. D.; Asst. in Anat., Harv.; in practice, Boston.

MARVIN, HAROLD MYERS
A.B., Davidson Coll., 1914; M.D., Harv., 1918; *Med. H. O., P. B. B. H., Feb. 13, 1918–Feb. 9, 1919;* Dist. Phys. with Near East Relief, Alexandropol, Armenia, 1919–20; Asst. in Med., Harv.; Asst. in Med., M. G. H., 1920–21; Instr. in Med., Yale, 1921–23; Asst. Prof. of Med., *ibid.*

MCCANN, WILLIAM SHARP
A.B., Ohio State Univ., 1911; M.D., Cornell, 1915; Asst. Res. Phys., Gen. Mem. Hosp., N. Y., 1915; *Surg., H. O., P. B. B. H., Nov. 1, 1915–Nov. 1, 1916 (resigned);* Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, Harv.; Capt., M. C., U. S. Army; Instr. in Med., Cornell; Research Fellow, Russell Sage Inst. of Pathol.; Adjunct Visit. Phys., Bellevue Hosp., N. Y.; Assoc. Phys., J. H. H., Baltimore, Md.; Assoc. in Med., Johns Hopkins; Assoc. Prof. Med., *ibid.;* Prof. of Med., Univ. of Rochester, Rochester, N. Y.

McCarthy, Patrick Thomas

B.S., Univ. of Chicago, 1914; M.D., Rush Med. Coll., 1917; *Surg. H. O., P. B. B. H., Dec. 15, 1917–Oct. 1, 1918; Asst. Res. Surg., ibid., Oct. 1, 1918–Feb. 9, 1919;* Relief Comm., Near East, Armenia, 1919–20; Post. Grad. Study in Europe, 1920; Urol. and Surg., Western Montana Clin., Missoula, Mont.; in practice, Missoula, Mont.

McCarty, Elba Denton

M.D., Univ. of Mich., 1903; Interne, 2 yrs., St. Mary's Hosp., Saginaw, E. S., Mich.; Gen. Practice, Merrill, Mich., 1905–09; Priest River, Idaho, 1909–17; *Roentgenologist, P. B. B. H., July 1, 1918–Oct. 14, 1919;* in practice, Tacoma, Wash.

McClure, Charles Walter

A.B., Ohio State Univ., 1906; M.D., Starling Med. Coll., Ohio, 1910; Med. H. O., St. Francis Hosp., Columbus, Ohio, 1910–11; Asst. in Clin. Med., Starling Med. Coll., 1911–12; Asst. in Med., Univ. of Iowa Med. Sch., 1912–15; Grad. Stud. in Med., Harv., 1915–16; *Asst. Res. Phys., P. B. B. H., July 1, 1916–Nov. 1, 1916;* Alumni Asst. in Med., Harv.; *Res. Phys., P. B. B. H., June 7, 1917–July 6, 1917;* Phys.-in-Chief, St. Luke's Hosp., South Bethlehem, Pa., 1917–18; Capt., M. C., U. S. Army, 1918; *Assoc. in Med., P. B. B. H., Feb. 13, 1919–Sept. 1, 1921;* Research Worker, Evans Mem. and Gastroenterologist to O. P. D., Mass. Homœopathic Hosp., Boston; in practice, Boston.

McKean, Richard M.

A.B., Univ. of Mich., 1916; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., Dec. 15, 1919–March 1, 1921;* H. O., Infants' Hosp., Boston, 1921; Jr. Phys., Detroit Receiving Hosp., 1921–22; Assoc., *ibid.*; Instr. in Int. Med., Detroit Coll. of Med. and Surg.; Attend. Phys., Detroit Receiving Hosp.; practice internal med., Detroit, Mich.

McKenzie, Kenneth G.

M.B., Toronto; M.D., *ibid.*, 1914; Interne, Toronto Gen. Hosp., 1914; Capt., Imp. Army M. C., 1914–19; Instr. in Anat., Univ. of Toronto, 1919 (on leave of absence to work with Dr. Cushing under the Mickle Fellowship of Toronto Univ.); *Asst. Res. Surg., P. B. B. H., Nov. 1, 1922–Nov. 1, 1923;* Surg. Staff, Toronto Gen. Hosp.; in practice, Toronto, Can.

McQuesten, Philip

A.B., Dart., 1911; M.D., Harv., 1915; Stud., B. C. H. (Pathol. Lab.), 1915–16; *Surg. H. O., P. B. B. H., March 1, 1916–July 1, 1917; Asst. Res. Surg., ibid., July 1, 1917–Aug. 17, 1917;* in practice, Nashua, N. H.

Millet, John Alfred Parsons

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., Nov. 1, 1914–March 1, 1916;* Internist, N. Y. State Inst. for the Study of Malignant Disease, Buffalo, 1916–20; Capt., M. C., U. S. Army, 1917–19; Asst. Attend. Phys., Buffalo Gen. Hosp.; Assoc. in Med., Buffalo Univ. Med. Sch., and Asst. to the Chiefs of Med. Div., Dept. of Hospitals and Dispensaries, Buffalo, N. Y., 1916–24; Assoc. Phys., Austen Riggs Foundation, Stockbridge, Mass.

MONTGOMERY, JAMES BLAINE
A.B., Dart., 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., Nov. 1, 1915–March 1, 1917;* House Surg., Mass. Eye and Ear Infirm., 1917; Grad., Army Med. Sch., 1917; 1st Lieut., M. C., U. S. Army; Major, Med. Corps, U. S. Army, Washington, D. C.

MORRIS, LAIRD M.
M.D., Univ. of Cal., 1916; *Asst. Res. Phys., P. B. B. H., April 15, 1920–Oct. 1, 1920;* Asst. in Med., Univ. of Cal. Med Sch., 1921–22; Instr. in Med., *ibid.*, 1923; Asst. in Med., Stanford Med. School; in practice, San Francisco, Cal.

MORRIS, JR., SAMUEL LESLIE
B.S., Davidson (N. C.), 1911; M.D., Harv., 1916; *Surg. H. O., P. B. B. H., Nov. 1, 1916–Nov. 1, 1917;* 1st Lieut., M. C., U. S. Army; 1st Asst. House Surg., St. Louis Southwestern Hosp., 1919; Chief House Surg., *ibid.;* in practice, Atlanta, Ga.

MORTON, JOHN JAMIESON
A.B., Amherst, 1907; M.D., Johns Hopkins, 1913; *Surg. H. O., P. B. B. H., March 1, 1913–July 1, 1914;* Fellow in Pathol., Rockefeller Inst., N. Y. City, 1914–15; House Surgeon, M. G. H., 1915–16; Asst. Res. Phys., Rockefeller Inst. Hosp., N. Y., 1916–17; Major, M. C., U. S. Army, 1917–19; practice, Orthopedic Surg., Boston, Mass.; Grad. Asst., O. P. D., Children's Hosp., Boston, and Asst. Orthopedic Surg., *ibid.*, 1919–21; Asst. Prof. Surg., Yale, 1921–24; Prof. Surg., Rochester Univ. Sch. of Med. and Dentistry, Rochester, N. Y.

NELLANS, CHARLES T.
B.S., Univ. of Chicago, 1916; M.D., Rush Med. Coll., 1918; Mem. Res. Staff, Presbyterian Hosp., Chicago, 1918–19; *Med. H. O., P. B. B. H., Sept. 15, 1919–Nov. 1, 1920;* Asst. in Med., Yale, 1921; Instr. in Med., *ibid.*, and Res. Phys., New Haven Hosp., 1921–22; Instr. in Med., Emory Univ., and Asst. Visit. Phys., Wesley Mem. and Grady Hospitals, Atlanta, Ga.; in practice, Atlanta, Ga.

NICHOLS, ALVORD G.
A.B., Colgate, 1916; M.D., Harv., 1921; Interne, Worcester City Hosp., 1921–23; Act. Asst. Supt., *ibid.; 2d Asst. Supt., P. B. B. H., Sept. 17, 1923–June 1, 1924;* Asst. Med. Director, John Hancock Life Insurance Co., Boston.

NICHOLS, 3D, ANDREW
A.B., Harv., 1912; M.D., *ibid.*, 1916; Surg. H. O., B. C. H., 1916–17; Capt., M. C., U. S. Army, 1917–19; *2d Asst. Supt., P. B. B. H., July 1, 1919–Feb. 1, 1921;* in practice, Hathorne, Mass.

NOVY, ROBERT LEV
A.B., Univ. of Mich., 1913; M.S., *ibid.*, 1914; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., April 15, 1919–April 1, 1920;* in practice, Detroit, Mich.

O'CONOR, VINCENT JOHN
B.S., Univ. of Mich., 1915; M.D., Rush Med. Coll., 1917; *Surg. H. O., P. B. B. H., Jan. 1, 1917–Jan. 1, 1918;* House Surgeon, Presbyterian Hosp.,

Chicago, Ill., 1918; 1st Lieut., M. C., U. S. Army, 1918–19; *Asst. Res. Surg., P. B. B. H., Feb. 15, 1919–July 15, 1920;* Urol. Surg., Washington Boulevard Hosp.; Assoc. in G. U. Surg., Univ. of Ill., Sch. of Med; Urol. Surg., Lutheran-Deaconess Hosp., Chicago; in practice, Chicago, Ill.

O'Meara, John William

A.B., Holy Cross, 1912; M.D., Harv., 1918; *Surg. H. O., P. B. B. H., Jan. 7, 1918–Jan. 7, 1919;* Orthopedic H. O., Children's Hosp., Boston, 1919; Comm. for Relief in Near East, in charge of Surg. Wards, American Hosp., Samsoun, Turkey in Asia, 1919–20; Asst. Orthopedic Surg., M. G. H., O. P. D.; Orthopedic Surg., St. Vincent's Hosp., Worcester; in practice, Worcester, Mass.

Oppenheimer, Ella

A.B., Bryn Mawr, 1914; M.D., Johns Hopkins, 1918; *Med. H. O., P. B. B. H., Sept. 1, 1918–June 11, 1919;* Phys. in Charge, Baby Summer Hosp. Camp, Washington, D. C., 1920; Examining Phys. (Girls), Juvenile Court, Washington, D. C., 1920–21; Asst. Visit. Phys., Children's Hosp.; Phys., National Training School for Girls; Research Asst., Federal Children's Bureau; Assoc. Pediatrist, Providence Hosp., Washington, D. C.; Director, Div. of Child Hygiene, Children's Bureau, U. S. Dept. of Labor.

Ormond, Alexander T.

A.B., Princeton, 1912; M.D., Johns Hopkins, 1919; *Surg. H. O., P. B. B. H., Nov. 1, 1919–March 1, 1921.*

Oughterson, Ashley W.

M.D., Harv., 1924; *Pathol. H. O., P. B. B. H., Jan. 1, 1924–Jan. 1, 1925;* Surg. H. O., N. Y. Hosp.

Parker, Jr., Frederick

A.B., Harv., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., March 1, 1917–April 1, 1917.*

Parkins, Leroy Edward

A.B., Simpson Coll., 1912; M.D., Harv., 1918; Asst. Res., Boston Consumptives' Hosp.; Asst. Res., So. Dept., B. C. H.; *Surg. H. O., P. B. B. H., Dec. 1, 1918–March 1, 1920;* private practice, Douglas, Wyo.; *2d Asst. Supt., P. B. B. H., Jan. 1921–May, 1921; 1st Asst. Supt., ibid., May 1, 1921–Feb. 1, 1923 (resigned);* in practice, Boston.

Peck, Eugene Curtis

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., July 1, 1919–July 1, 1920;* Instr. in Physiol. Chem., Tulane Univ., New Orleans, La.; Asst. in Pediatrics, Harv.; Prof. of Biochemistry and Physiol., St. John's Univ., Shanghai, China, 1922–25; Grad. Asst., Children's Med. Serv., M. G. H.

Penfield, Wilder Graves

Litt.B., Princeton, 1913; B.A., Oxford, 1916; M.A. and B.Sc., *ibid.*, 1920; M.D., Johns Hopkins, 1918; *Surg. H. O., P. B. B. H., Aug. 15, 1918–Sept. 20, 1919;* Beit Mem. Research Fellow, England; Assoc. Attend. Surg., Presbyterian Hosp., N. Y.; Assoc. in Surg., Columbia Univ.; Asst. Surg., Neurol. Inst. of N. Y.; Attend. Neurol., Vanderbilt Clin.; in practice, New York City.

PETTIT, ROSWELL TALMADGE
S.B., Univ. of Chicago, 1908; M.D., Rush Med. Coll., 1913; *Med. H. O., P. B. B. H., March 1, 1914–July 1, 1915;* Asst. Med. Director, Ottawa Tuberculosis Colony, Ottawa, Ill.; Phys., Illinois Valley Hosp., Ottawa, Ill.; Capt., M. C., U. S. Army; in practice, Ottawa, Ill.

PRICE, JAMES VALENTINE
A.B., Univ. of N. C., 1915; M.D., Johns Hopkins, 1919; *Surg. H. O., P. B. B. H., Oct. 15, 1919–March 1, 1921;* Guggenheim Bros., La Paz, Bolivia, S. A.

QUINLAND, WILLIAM SAMUEL
B.S.; M.D.; Rosenwald Fellow in Pathol., Harv., Sept., 1919–April, 1921; *Asst. in Pathol., P. B. B. H., April 14, 1921–July 28, 1922;* Pathol., G. W. Hubbard and M. E. Hale Hospitals and Prof. of Pathol., Meharry Med. Coll., Nashville, Tenn.

RAND, CARL WHEELER
A.B., Williams, 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 1912; Res. H. O., J. H. H., 1912–13; *Asst. Res. Surg., P. B. B. H., Oct. 1, 1913–Nov. 1, 1914;* House Surg., Mercy Hosp., Chicago, Ill., 1914–15; Lieut., M. C., U. S. Army; in practice, Los Angeles, Calif.

RAPPORT, DAVID
A.B., Harv., 1912; M.D., *ibid.*, 1916; Moseley Travelling Fellow, Harv., 1916–17; *Med. H. O., P. B. B. H., March 1, 1917–June 17, 1917;* Lieut., M. C., U. S. Army, 1917–19; Austin Teaching Fellow in Physiol., Harv., 1919–20; Instr. in Physiol., *ibid.*

REIFENSTEIN, BENEDICT W.
B.S., Syracuse, 1920; M.D., *ibid.*, 1922; Pathol. H. O., Hosp. of the Good Shepherd, Syracuse, N. Y.; *Pathol. H. O., P. B. B. H., July 1, 1922–July 1, 1923;* Med. H. O., New Haven Hosp., 1923–24; Asst. Phys., Syracuse Mem. Hosp.; in practice, Syracuse, N. Y.

REYNOLDS, LAWRENCE
A.B., Univ. of Ala., 1912; M.D., Johns Hopkins, 1916; Capt., M. C., U. S. Army, 1917–19; *Roentgenologist, P. B. B. H., Oct. 15, 1919–June 1, 1922;* Roentgenologist, Children's Hosp., Boston, 1922; Roentgenologist, Children's Free Hosp., Detroit, Mich.; Asst. Roentgenologist, Harper Hosp., Detroit; in practice, Detroit, Mich.

RHEA, LAWRENCE JOSEPH
B.S., Univ. of Texas, 1901; M.D., Johns Hopkins, 1905; H. O. in Pathol., B. C. H., 1906–07; 2d Asst. in Pathol., *ibid.*, 1907; 1st Asst. in Pathol., *ibid.*, 1907–08; Asst. Visit. Pathol., *ibid.*, 1908–09; Asst. in Pathol., Harv., 1908–09; Instr. in Pathol., *ibid.*, 1909–10; Asst. Pathol., B. C. H., 1909–10; Director of Pathol. Lab. and Pathol., Montreal Gen. Hosp., 1910–12; Lect. in Pathol., McGill Univ., 1910–11; Asst. Prof. of Pathol., *ibid.*, 1911–12; *Res. Pathol., P. B. B. H., July 1, 1912–Oct. 1, 1913;* Asst. Prof. of Pathol., Harv., 1912–13; Assoc. Prof. of Pathol., McGill Univ.; Major, Canadian Army Med. Corps; Director of Pathol. Lab., Montreal General Hosp.

RICHARDSON, HENRY BARBER

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., March 1, 1915–July 1, 1916;* Asst. in Med., Johns Hopkins; Asst. Disp. Phys., J. H. H.; 1st Lieut., M. C., U. S. Army, 1918–19; Instr. in Med., Columbia Univ., N. Y., and Asst. Adjunct Visit. Phys., Bellevue Hosp., N. Y., 1921; Instr. in Med., Cornell, and Research Fellow, Russell-Sage Inst. of Pathol., Bellevue Hosp., N. Y.; Asst. Visit. Phys., Bellevue Hosp.; Asst. Prof. of Med., Cornell Univ. Med. Coll., N. Y.

RINGER, MICHAEL

B.S., Coll. of City of N. Y., 1915; M.D. Cornell, 1919; Instr. in Exper. Med., Yale, 1919–21; Instr. in Physiol., Cornell, 1921–23; *Med. H. O. P. B. B. H., Nov. 1, 1923–Jan. 1, 1925;* in practice, N. Y.

ROSS, J. PATERSON

M.B., B.S., London; F.R.C.S., England; M.D., St. Bartholomew's Hosp., England; *Jr. Assoc. in Surg., P. B. B. H., April 9, 1923–Sept. 14, 1923.*

SAEGER, ERNEST TIRRILL

B.S., Dart., 1914; M.D., Harv., 1917; *Surg. H. O., P. B. B. H., July 1, 1917–Aug. 1, 1918;* Res., 1st Surg. Division, Bellevue Hosp., New York; in practice, Boston.

SCHUMACHER, IRWIN C.

A.B., Univ. of Cal., 1915; M.D., Johns Hopkins, 1919; *Asst. Res. Phys., P. B. B. H., Oct. 1, 1920–Sept. 1, 1921;* Instr. in Med., Univ. of Cal.; in charge, Clin. Pathol. Dept., and Allery Clin., Univ. of Cal. Med. Sch.; in practice, San Francisco, Cal.

SCHWARTZ, CHARLES WADSWORTH

Ph.B., Yale, 1914; M.D., Harv., 1919; *H. O., X-ray Dept., P. B. B. H., Feb. 20, 1919–Feb. 20, 1920;* Roentgenologist, N. Y. Neurol. Inst.; in practice, New York.

SCOTT, W. J. MERLE

A.B., Oberlin, 1914; M.D., Johns Hopkins, 1918; A.M., Columbia Univ., 1922; 1st Lieut., M. C., U. S., Army, 1918–19; Asst. in Surg., Henry Ford Hosp., Detroit, Mich., 1918–21; Fellow in Exper. Pathol., Montefiore Hosp., 1921–22; Arthur Tracy Cabot Fellow, Harv., 1922–23; Asst. in Surg., *ibid.*, 1923; *Assoc. in Surg., P. B. B. H., Sept. 1, 1922–July 1, 1923; Asst. Res. Surg., ibid., July 1, 1923–July 1, 1924;* Res. Surg., Lakeside Hosp. and Instr. in Surg., Western Reserve Univ., Cleveland, Ohio, 1924–26; Asst. Prof. Surg., Univ. of Rochester, Rochester, N. Y.

SIMON, HILDA AMANDA

M.D., Cooper, 1905; *3d Asst. Supt., P. B. B. H., Oct. 5, 1917–March 1, 1919 (resigned);* Supt., Lynn Hosp., Lynn, Mass. (*resigned*).

SISSON, WARREN RICHARDS

A.B., Colgate, 1906; Stud. of Med., Freiburg, Germany (summer semester), 1910; Stud., Univ. of Munchen (winter semester), 1910–11; Stud., Univ. of Heidelberg (summer semester), 1911; M.D., Johns Hopkins, 1912; House Pupil, M. G. H., Children's Med. Ward, 1912–13;

Med. H. O., P. B. B. H., March 1, 1913–March 1, 1914; Res. Pathol., ibid., March 1, 1914–April, 1915; Instr. in Pathol., Harv., 1914–15; H. O., B. C. H., So. Dept., summer of 1915; Sr. H. O., Boston Floating Hosp., 1915; Instr. in Pediatrics, Johns Hopkins; Asst. in Pediatrics, Harv.; Visit. Phys., Boston Lying-In Hosp.; Asst. Phys., Children's Hosp.; in practice, Boston.

SMILLIE, WILSON GEORGE

A.B., Colorado, 1908; M.D., Harv., 1912; D.P.H., *ibid.*, 1916; *Med. H. O., P. B. B. H., Nov. 1, 1912–March 1, 1914; Asst. Res. Phys., ibid., March 1, 1914–Sept. 1, 1914;* Asst. Instr., Dept. of Preventive Med., Harv., 1914–16; Research Fellow, Rockefeller Inst., N. Y. City, 1916–17; International Health Board of Rockefeller Foundation, 1917; loaned by the board as Asst. Prof. Hygiene de Faculdade de Medicina, Sao Paulo, Brazil, 1918–20; Director, Institute Hygiene; Prof. of Hygiene, Faculdade de Medicina e Cirurgia, Sao Paulo, Brazil, 1920–22; Director of Training Base, International Health Board, Andalusia, Ala., 1922–25; Asst. Director for U. S., International Health Board, N. Y.

SMITH, BARNEY BARR

M.D., Jefferson, 1917; H. O., Phil. Jewish Hosp., Pa., 1917–18; 1st Lieut., M. C., U. S. Army, 1918–19; Asst., X-ray Dept., Lincoln and Beth Israel Hosp., N. Y. City, 1920; *H. O., X-ray Dept., P. B. B. H., April 15, 1920–April 21, 1921;* Assoc. in Roentgenology, Buffalo City Hosp., Buffalo, N. Y.

SMITH, JUDSON ARTHUR

A.B., Harv., 1915; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., Feb. 14, 1918–Jan. 30, 1919;* Surg. Serv., New Haven Hosp.; *Asst. Res. Surg., P. B. B. H., June 15, 1921–July 1, 1922;* H. O., Boston Lying-In Hosp., 1922–23; Res. Obstetrician, *ibid.*, 1923–24; in practice, Boston.

SMITH-PETERSEN, MARIUS NYGAARD

B.S., Univ. of Wis., 1910; Univ. of Wis. Med. Sch., 1910–12; M.D., Harv., 1914; *Surg. H. O., P. B. B. H., July 1, 1914–Nov. 1, 1915;* Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April–July, 1918; House Pupil, M. G. H. (Orthopedic Serv.), 1916; Visit. Orthopedic Surg., M. G. H.; in practice, Boston.

SOOY, DANIEL WARREN

M.D., Univ. of Cal., 1917; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1921–July 1, 1922;* in practice, Marieopa, Calif.

SPILLMAN, RAMSAY

A.B., Cornell, 1914; M.D., *ibid.*, 1917; *Surg. H. O., P. B. B. H., July 1, 1917–March 1, 1918;* Lieut. (j. g.), U. S. N. R. F.; H. O., Columbia Hosp., Washington, D. C., 1918–19; Asst. Visit. Phys., Florence Crittenton Home, 1921–22; Instr. in Roent., Cornell Med. Sch.; in practice (Roentgenology), New York.

STATER, WAYNE J.

A.B., Univ. of Oregon, 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., March 1, 1922–July 1, 1923.*

STEVENS, FRANKLIN AUGUSTUS

B.S., Univ. of Iowa, 1913; M.D., *ibid.*, 1915; Res. Phys., Univ. Hosp., Iowa, 1915; Instr. in Med., Univ. of Iowa, 1916–17; *Asst. Res. Phys., P. B. B. H., July 21, 1917–Jan. 1, 1918;* M. C., U. S. Army, 1918–19; Coolidge Fellow in Med., Columbia Univ., N. Y., 1919–20; Instr. in Med., *ibid.*

STEWART, STEELE FULLER

B.S., Westminster, Pa., 1912; M.D., Univ. of Pa., 1918; *Surg. H. O., P. B. B. H., June 1, 1918–July 1, 1919;* Orthopedic Service, Children's Hosp., Boston, 1920; Orthopedic Service, M. G. H., 1921–22; Assoc. Orthopedic Surg., Children's Hosp., Los Angeles, 1922; Asst. Orthopedic Surg., *ibid.;* Jr. Orthopedic Surg., Los Angeles Gen. Hosp.; Orthopedic Surg., San Bernardino County Welfare Commission; Orthopedic Consultant, Nat. Home for Disabled Volunteer Soldiers, Sawtelle, Calif.; in practice, Los Angeles, Calif.

STODDARD, JAMES LEAVITT

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Pathol. H. O., P. B. B. H., July 1, 1914–July 1, 1915; Act. Res. Pathol., ibid., July 1, 1915–Sept. 1, 1915;* Research Fellow in Pathol., Harv.; Major, M. C., U. S. Army, 1917–19; Lect. in Biochemistry, Smith Coll., 1920–21; Asst. Prof. Biochemistry, Smith Coll., 1921–22; Chemist, M. G. H.; Asst. in Med., Harv.

STONE, ERIC PERCY

B.S., Harv., 1914, as of 1915; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., May 15, 1918–July 1, 1919; Asst. Res. Surg., ibid., Oct. 1, 1919–June 15, 1920;* Visit. Urologist, Providence City Hosp.; Asst. Surg., Gynæcological Serv., R. I. Hosp.; Surg., Urol. Serv., St. Joseph's Hosp., Providence, R. I.; in practice, Providence, R. I.

STONE, GEORGE HENRY

A.B., Bowdoin, 1905; M.D., *ibid.*, 1908; H. O., Maine Gen. Hosp., 1908–09; in practice, Clinton, Mass., 1909–11; H. O., B. C. H., 1912–13; Exec. Asst., *ibid.*, 1913–15; *3d Asst. Supt., P. B. B. H., Feb. 1, 1915–May 1, 1917; 2d Asst. Supt., ibid., May 1, 1917–July 1, 1919;* Capt., M. C., U. S. Army, 1918–19; Major, Med. Sec., Officers' Reserve Corps, U. S. Army; *1st Asst. Supt., P. B. B. H., July 1, 1919–May 1, 1921;* Supt., Eastern Maine Gen. Hosp., Bangor, Me.

TAFT, ANNIE E.

M.D., Tufts, 1907; *Res. Pathol., P. B. B. H., Nov. 5, 1917–Jan. 31, 1918.*

TAFT, ROGER BROWNE

D.M.D., Harv., 1908; Asst. in Oral Surg., *ibid.*, 1910; Instr. in Oral Surg., *ibid.*, Feb. 1, 1919; *Dental Surg., P. B. B. H., Jan. 13, 1916–Feb. 13, 1919;* Instr. in Operative Dent., Harv.; in practice (Dentistry), Boston.

TEFFT, JR., RICHARD C.

A.B., Yale, 1916; M.D., *cum laude*, Harv., 1920; *Med. H. O., P. B. B. H., March 1, 1921–July 1, 1922.*

TEMPLETON, EARL R.
B.S., Colgate Univ., 1914; M.D., Syracuse, 1920; *Pathol. H. O., P. B. B. H., July 6, 1920–July 1, 1921;* Med. H. O., New Haven Hosp., 1921–22; Res. in Med., Buffalo City Hosp., 1922; Clin. Asst. in Med., *ibid.;* in practice, Buffalo, N. Y.

THAXTER, LANGDON THOM
A.B., Williams, 1911; M.D., Harv., 1915; Med. House Pupil, M. G. H., 1915–16; *Surg. H. O., P. B. B. H., Nov. 14, 1916–July, 1917;* in practice (Orthopedic Surg.), Portland, Me.

THOMPSON, CHARLES BAKER
A.B., Haverford, 1909; M.D., Johns Hopkins, 1913; *Med. H. O., P. B. B. H., Nov. 1, 1913–Nov. 1, 1914;* 2d Asst. Res., Phipps Psychiatric Clin., J. H. H., 1914–15; 1st Asst. Res., *ibid.*, 1915–16; Examining Psychiatrist and Executive Secretary, Mental Hygiene Soc. of Md.; Editor, Mental Health; School Psychiatrist, Health Dept., Baltimore Public Schools; in practice, Baltimore, Md.

TOWLERTON, FLETCHER JOHNSON
A.B., Harv., 1917; M.D., *ibid.*, 1921; H. O., Collis P. Huntington Mem. Hosp., 1919–20; *Surg. H. O., P. B. B. H., July 1, 1921–Nov. 1, 1922;* Phys., Wayne County Home, N. Y., 1923; Visit. Surg., Lyons Hosp., Lyons, N. Y.; in practice, Lyons, N. Y.

TOWNE, EDWARD BANCROFT
A.B., Harv., 1906 (1907); M.D., *ibid.*, 1913; *Surg. H. O., P. B. B. H., July 1, 1913–Nov. 1, 1914; Asst. Res. Surg., ibid., Nov. 1, 1914–Nov. 1, 1915;* Surg., 2d Harv. Unit, B. E. F., France, 1915–16; Vol. Asst. in Exp. Bacteriol., Mayo Foundation, Rochester, Minn., 1916; Fellow *pro tempore*, Mayo Foundation, 1916–17; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1916–May 7, 1917;* Major, M. C., U. S. Army, May, 1917–19; Assoc. Prof. of Surg., Leland Stanford Junior Univ., San Francisco; in practice, San Francisco, Calif.

TRANTER, CHARLES LEE
B.S., Univ. of Cal., 1911; M.D., *ibid.*, 1913; Med. and Surg. H. O., Univ. of Cal. Hosp., 1913–14; Asst., Nerve O. P. D., *ibid.*, 1914–15; Asst. in Neurol., Univ. of Cal., 1915; *Asst. Res. Surg., P. B. B. H., Jan. 8, 1916–Jan. 1, 1917;* Asst. in Neurol., Univ. of Cal., 1917; Capt., M. C., U. S. Army; in practice, San Francisco.

TURNBULL, GEORGE CLARENCE
M.D., Northwestern Univ.; H. O. Gen. Serv., Surg. and Obstetrics, Evanston Hosp., Evanston, Ill., 1922–23; Asst. in Pathol., Northwestern Univ., 1920–22; *Med. H. O., P. B. B. H., March 1, 1923–July 1, 1924;* Phys. (special), Yale, Dept. Univ. Health, New Haven, Conn.; Clin. Asst., Dept. Int. Med., Yale Univ. Sch. of Med.

TURNER, RALPH WALDO
M.D., Albany Med. School, 1917; *Surg. H. O., P. B. B. H., Dec. 23, 1917–May 2, 1918;* Lieut., M. C., U. S. Army (*deceased*).

VAIL, HARRIS HOLMES

A.B., Yale, 1912; M.D., Harv., 1917; *Surg. H. O., P. B. B. H., March 1, 1916–May 3, 1917;* Lieut., M. C., U. S. Navy, 1917–19; *Vol. Asst., P. B. B. H., Surg. Serv., Jan. 5, 1920–April 10, 1920;* H. O., Aural, Mass. Eye and Ear Infirm., 1920–21; Clinician, Ear, Nose and Throat Clin., Cincinnati Gen. Hosp.; Asst. Attend. Laryngologist, *ibid.;* Attend. Laryngologist, Cincinnati Tuberculosis Sanatorium; in practice, Cincinnati, Ohio.

VAN GORDER, GEORGE WILSON

A.B., Williams, 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., March 1, 1915–July 1, 1916;* House Surg., St. Anthony Hosp., Labrador, 1916; Med. House Pupil, M. G. H., 1916–17; House Surg., Free Hosp. for Women, Brookline; Capt., M. C., U. S. Army; Assoc. Prof. Surg. and Assoc. in Surg., Peking Union Med. Coll., Peking, China.

VAUGHAN, WARREN TAYLOR

A.B., Univ. of Mich., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., July 1, 1916–Nov. 7, 1917;* M. C., U. S. Army, Nov. 7, 1917–July 27, 1919; Asst. in Preventive Med. and Hygiene, Harv., 1919–20; Attend. Phys., St. Elizabeth's Hosp., Richmond, Va., 1920–22; Editor, Jour. Lab. and Clin. Med.; Staff, Retreat Hosp.; Pres., 1924–25; Consult. Phys., Evangeline Booth Hosp.; Consult. Phys., Children's Home Society of Virginia; in practice, Richmond, Va.

VICKERS, DENVER M.

A.B., *cum laude*, Colorado Coll., 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., July, 1921–Nov. 1, 1922;* Asst. Res., McClellan Hosp., N. Y.

VIETS, HENRY ROUSE

B.S., Dart., 1912; M.D., Harv., 1916; *Surg. H. O., P. B. B. H., March 1, 1917–Aug. 16, 1917;* Capt., M. C., U. S. Army, 1917–19; Major, M. R. C., U. S. Army; Instr. in Neurol., Harv.; Asst. Neurol., M. G. H.; Asst. Visit. Neurol., Long Island Hosp., Boston; in practice, Boston.

WAKEMAN, EDWARD T.

B.A., Yale, 1919; M.D., *ibid.*, 1922; *Med. H. O., P. B. B. H., July 1, 1922–Nov. 1, 1923;* in practice, New Haven, Conn.

WALKER, CLIFFORD BLACK

S.B., Univ. of Cal., 1906; Stud., Univ. of Cal. Med. Sch., 1907–10; M.D., Johns Hopkins, 1911; M.D., *ibid.*, 1912; Asst. to Dr. Cushing, 1911–12; Sr. Ophthal. House Surg., Mass. Eye and Ear Infirm., Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *Assoc. in Surg., P. B. B. H., March 1, 1915–April 25, 1918;* Asst. in Ophthal., Harv.; in practice, Springfield, Mass.

WALKER, WILLIAM G.

M.D., Univ. of Iowa; 3 mos. Pathol. Dept., *ibid.;* 1 yr. Interne, Univ. of Iowa Hosp.; 1 yr. Clin. Asst., *ibid.*; 2½ mos. Clin. Microscopy, *ibid.; Vol. Grad. Asst., Med. Service, P. B. B. H., March 28, 1922–Sept. 25, 1922; Jr. Assoc. in Med., ibid., Sept. 25, 1922–July 1, 1924;* Chief, Med. Serv., Brockton Hosp.; in practice, Brockton, Mass.

WARREN, JR., WILLIAM CHESTER
B.S., Emory Univ.; M.D., *ibid.; Surg. H. O., P. B. B. H., March 28, 1922–July 1, 1923;* Asst. and House Surg., Manhattan Ear, Nose and Throat Hosp., N. Y., 1923–24; Grad. Stud., Vienna, Austria; in practice, Atlanta, Ga.

WATKINS, S. SHELTON
A.B., Centre Coll. of Ky., 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 1914; Med. and Surg. H. O., Church Home and Infirm., Baltimore, 1914; *3d Asst. Supt., P. B. B. H., May 1, 1914–Jan. 15, 1915;* Asst. in Clin. Laryngology, Johns Hopkins; Asst. Disp. Laryngologist, J. H. H.; Asst. Res. Surg., *ibid.;* Mem. of Dr. L. F. Barker's Staff at 1035 No. Calvert St., Baltimore, Md.; Lieut., M. C., U. S. Navy, 1917–19; in practice, Louisville, Ky.

WEARN, JOSEPH TRELOAR
B.S., Davidson, 1913; M.D., Harv., 1917; *Med. H. O., P. B. B. H., June 15, 1917–June 15, 1918;* 1st Lieut., M. C., U. S. Army, 1917–19; *Asst. Res. Phys., P. B. B. H., Sept. 1, 1919–Aug. 15, 1921;* Instr. in Pharm., Univ. of Penn., 1921–23; Instr. in Med., Harv., 1923–24; Asst. Prof. of Med., *ibid.;* Asst. Phys., Thorndike Lab., B. C. H.; Jr. Visit. Phys., *ibid.*

WEGEFARTH, PAUL
A.B., Johns Hopkins, 1908; Stud. of Med., Strassburg and Berlin, Germany, 1909–11; M.D., Johns Hopkins, 1912; *Surg. H. O., P. B. B. H., Nov. 1, 1912–March 1, 1914;* Res. Phys., Church Home Infirmary, Baltimore, 1914–15; Phys., San Diego, Cal., 1914–17; Commissioned 1st Lieut., M. C., September, 1917; on duty at Camp Meade, September–December, 1917; on duty at Army Neuro-Surg. Lab., Baltimore, December, 1917–April, 1919; with temporary duty at Camp Jackson and Camp Lee, 1918–19; commissioned Capt., M. C., May, 1918; discharged May, 1919, from Letterman Gen. Hosp., San Francisco, Cal.; in practice at San Diego, May, 1919, until December, 1921; developed tuberculosis; in sanatorium at Phœnix, Ariz., and Colorado Springs, Colo. *Died March 29, 1923.*

WEISMAN, PAUL GERHARDT
B.S., Univ. of Mich., 1911; M.D., *ibid.*, 1913; H. O., Providence City Hosp. (Contagious Wards), 1914; H. O., R. I. Hosp., 1914–16; *Asst. Res. Phys., P. B. B. H., April 1, 1916–Aug. 1, 1916;* Asst. Res., Union Prot. Infirm., Baltimore, 1917; Res., *ibid.*, 1917–18; Lieut., M. C., U. S. Army, 1918; in practice, Colfax, Wash.

WELBOURN, MARSHALL AGNEW
B.S., Univ. of Mich., 1913; M.D., *ibid.*, 1915; *Assoc. in Med., P. B. B. H., July 1, 1915–March 1, 1916; Med. H. O., ibid., March 1, 1916–July 1, 1917;* Capt., M. C., U. S. Army, 1917–19; Instr. in Int. Med., Univ. of Mich., 1919–20; in charge of laboratories, Westlake Hosp., Los Angeles, Cal.; in practice, Los Angeles, Cal.

WELLS, GUY
Ph.B., Brown Univ., 1916; M.D., Cornell, 1920; Interne, R. I. Hosp., 1920–22; *Asst. Res. Phys., P. B. B. H., Aug. 1, 1922–March 1, 1924;* in practice, Providence, R. I.

WELLS, WARD STANLEY

S.B., Grinnell, 1909; M.D., Harv., 1916; *Assoc. in Med., P. B. B. H., July 1, 1916–April 8, 1917; Med. H. O., ibid., April 8, 1917–July 18, 1917;* Major, M. C., U. S. Army, Letterman Gen. Hosp., Presidio of San Francisco, Calif.; Instr. in Clin. Electro-Cardiography, Army Med. Center, Washington, D. C.

WENTWORTH, JOHN ALEXANDER

A.B., Bowdoin, 1909; M.D., Harv., 1913; H. O., Hartford Hosp., Hartford, Conn., 1913–15; *Sr. Med. H. O., P. B. B. H., July 1, 1915–Nov. 1, 1915;* Alumni Asst., Clin. Pathol., Harv.; Asst., Harv. Infantile Paralysis Comm., Fall, 1916; *Asst. Res. Phys., P. B. B. H., Nov. 1, 1915–Aug. 1, 1917;* Assoc. Phys., Clifton Springs Sanitarium, N. Y., 1917–18; 1st Lieut., M. C., U. S. Army, 1918–19; Phys., Clifton Springs Sanitarium, N. Y., 1919–21; Asst. Visit. Phys., Hartford Hosp.; in practice, Hartford, Conn.

WEST, HOWARD FRANK

A.B., Stanford, 1912; M.D., *ibid.*, 1915; Interne, Lane Hosp., San Francisco, 1915–17; *Asst. Res. Phys., P. B. B. H., Sept. 15, 1917–Oct. 15, 1917; Act. Res. Phys., ibid., Oct. 15, 1917–Jan. 1, 1918; Res. Phys., ibid., Jan. 1, 1918–April 15, 1920;* Alumni Asst. in Med., Harv., 1918–20; Assoc. Phys., Diabetic Serv., Children's Hosp., Los Angeles; Assoc. Med. Director, Los Angeles Metabolic Clin.; in practice, Los Angeles, Calif.

WHEELER, DANIEL W.

S.B., Knox Coll., 1915; M.D., Rush Med. Coll., 1920; *Asst. Res. Surg., P. B. B. H., June 1, 1921–March 1, 1922;* Fellow in Pathol., Rush Med. Coll., 1920–21; Fellow, Trudeau Foundation, 1922; Asst. Res. Phys., Trudeau Sanatorium, 1923; Asst. Med. Director, Nopeming Sanatorium, Nopeming, Minn., 1924; in practice, Duluth, Minn.

WHITNEY, RAYMOND CYRUS

B.S., Middlebury, 1914; M.D., Harv., 1918; *Surg. H. O., P. B. B. H., Jan. 10, 1918–Oct. 28, 1918;* American Relief Comm., Near East, Caesarea, Turkey in Asia, American Hosp.; H. O., Mass. Eye and Ear Infirm., 1920–22; in practice (Ophthalmology) New Bedford, Mass.

WILENS, GUSTAV

Ph.B., Yale, 1920; M.D., *ibid.*, 1923; *Pathol. H. O., P. B. B. H., July 1, 1923–July 1, 1924;* Res. Pathol., Children's Hosp., Boston; Instr. in Pathol., Harv., July 1, 1924–July 1, 1925; H. O. in Pediatrics, Children's Hosp., Boston.

WILMAERS, ALBERT

M.D., Univ. of Brussels, 1921; Interne, Hospitals of Brussels; 3 mos. as Asst. to Prof. Vaquez, Paris; worked under Dr. DeMoor and Dr. DeMeyer; Physiol. Inst., Univ. of Brussels; Fellow, C.R.B., Educational Foundation; *Vol. Grad. Asst., P. B. B. H., Sept. 22, 1922–Sept. 15, 1923; Act. Asst. Res. Phys., ibid., Sept. 15, 1923–Nov. 15, 1923;* Asst. in General Path., Univ. of Brussels; in practice, Brussels, Belgium.

Wilson, David Cole
B.A., Univ. of Va., 1912; M.D., *ibid.*, 1919; Interne, Univ. of Va. Hosp., 1919; *Med. H. O., P. B. B. H., Dec. 15, 1919–March 1, 1921;* Phys., Clifton Springs San., Clifton Springs, N. Y.

Wilson, James Robert
M.D., Syracuse Univ., 1921; Instr., *ibid.;* Asst. in Pathol., Harv.; Res. Pathol., Children's Hosp., Boston; Instr., Dept. Pathol., Harv.; *Res. Pathol., P. B. B. H., Sept. 15, 1923–July 1, 1924.*

Wislocki, George Bernays
A.B., Washington Univ.; M.D., Johns Hopkins, 1916; Asst. in Anat., *ibid.*, 1916–17; Arthur Tracy Cabot Fellow, Harv., 1917–20; *Assoc. in Surg., P. B. B. H., March 25, 1920–Oct. 1, 1920;* Assoc. Prof. of Anat., Johns Hopkins, Baltimore, Md.

Wood, R. Hugh
M.D., Med. Coll. of Va., 1921; Interne, St. Elizabeth's Hosp., Richmond, Va., 1922; Res. Pathol., Mem. Hosp., Richmond, Va., 1922–23; *Med. H. O., P. B. B. H., March 1, 1923–July 1, 1924;* Chief Res., Grady Hosp., Atlanta, Ga.

Wood, Russell
A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., March 1, 1921–July 1, 1922;* Grad. Asst. in Med., M. G. H., 1922; H. O., So. Dept., B. C. H., 1922–23; Asst. Visit. Phys., St. Luke's Hosp., New Bedford, Mass.; in practice, New Bedford, Mass.

Woods, Alan Churchill
A.B., Johns Hopkins, 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., July 1, 1914–Nov. 1, 1915;* Fellow and Assoc. in Exper. Med. and Asst. in Ophthal., Univ. of Pa.; Major, M. C., U. S. Army, 1917–19; Assoc. in Ophthal., Johns Hopkins; Asst. Visit. Ophthal., *ibid.;* in practice (Ophthalmology), Baltimore, Md.

Woodward, Harry Whiting
A.B., Bowdoin, 1910; M.D., Harv., 1915; *Surg., H. O., P. B. B. H., March 1, 1915–July 1, 1916;* H. O., Boston Lying-In Hosp., 1916; Capt., Royal Army Med. Corps; Visit. Staff, Surg. Services, Glockner Hosp. and Sanatorium, Bethel Hosp., Colorado Springs, Colorado; in practice, Colorado Springs.

Wright, Mary
A.B., Vassar, 1911; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H., July 1, 1917–Sept. 17, 1918;* H. O. (Pediatrics), M. G. H., 1918–19; H. O., St. Louis Children's Hosp., 1919; Asst. Res., St. Louis Children's Hosp., 1919–20; Phys. to Children's Med. O. P. D., M. G. H.; Attend. Phys., N. E. Hosp. for Women and Children; in practice, Boston.

Wulffaert, Franz Réne
B.A., Brussels, 1906; B.S., *ibid.*, 1907; M.D., *ibid.*, 1912; Asst. Phys., St. John's Hosp., Brussels, 1913; Res. Anesthetist, St. Mary's Hosp., London, Eng., 1915; *Pathol. H. O., P. B. B. H., Jan. 15, 1918–July 1,*

1918; Res. Pathol., ibid., July 1, 1918–March 31, 1919; Asst. in Pathol., Harv., 1918–19; Asst. Surg. (Gynecology), St. John's Hosp., Brussels, 1919–23; Asst. Surg., Univ. Brussels, 1923–25; in practice, Brussels, Belgium.

WYNN, JAMES

B.S., Indiana Univ., 1917; M.D., *ibid., 1919;* M.D., *cum laude, ibid.,* 1920; *Asst. Res. Phys., P. B. B. H., July 1, 1920–Oct. 4, 1921;* Alternate on Visit. Staff, Indianapolis City Hosp., Indianapolis; in practice, Indianapolis, Ind.

YOAKAM, WAYNE ADDISON

B.S., Denison Univ., 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., July 1, 1920–Nov. 1, 1921;* Obst. H. O., Boston Lying-In Hosp., 1921–22; Henry Ford Hosp., July, 1922–Oct., 1925; private practice, Detroit, Mich.

Officers of the Institution, 1926

President

CHARLES P. CURTIS

Treasurer

EDMUND D. CODMAN

Secretary

LAURENCE H. H. JOHNSON

MEMBERS OF THE CORPORATION

Appointed			
Jan. 5, 1921	*WILLIAM AMORY	341 Beacon St.,	Boston
Mar. 26, 1925	HARRY L. BAILEY	93 Franklin St.,	Boston
May 8, 1902	EDMUND D. CODMAN	27 Kilby St.,	Boston
Apr. 15, 1915	CHARLES P. CURTIS	71 Ames Bldg.,	Boston
Mar. 26, 1925	PAUL E. FITZPATRICK	104 Kingston St.,	Boston
Dec. 11, 1919	LOUIS A. FROTHINGHAM	911 Barristers' Hall,	Boston
June 16, 1909	†IRVIN McD. GARFIELD	30 State St.,	Boston
Feb. 7, 1918	FRANCIS L. HIGGINSON, JR.	44 State St.,	Boston
May 8, 1902	HENRY S. HOWE	89 Franklin St.,	Boston
May 8, 1902	LAURENCE H. H. JOHNSON	27 Kilby St.,	Boston
Mar. 27, 1924	RICHARD S. RUSSELL	50 State St.,	Boston
May 8, 1902	WILLIAM R. TRASK	40 State St.,	Boston

STANDING COMMITTEES OF THE CORPORATION

Building Committee

WILLIAM AMORY, *Chairman*
CHARLES P. CURTIS
LAURENCE H. H. JOHNSON
HARRY L. BAILEY
JOSEPH B. HOWLAND, M.D., *Secretary*

Auditing Committee

WILLIAM R. TRASK

Committee on Finances

EDMUND D. CODMAN
HENRY S. HOWE
LAURENCE H. H. JOHNSON
RICHARD S. RUSSELL

* Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1930.

† Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1927.

OFFICERS OF THE INSTITUTION

Committee on Nominations

Charles P. Curtis
Edmund D. Codman

Committee on Rules

Charles P. Curtis
Edmund D. Codman
Irvin McD. Garfield

VISITING COMMITTEE FOR 1925

Charles P. Curtis	January
Charles P. Curtis	February
Henry S. Howe	March
William R. Trask	April
Laurence H. H. Johnson	May
Louis A. Frothingham	June
Edmund D. Codman	July
Francis L. Higginson, Jr.	August
Irvin McD. Garfield	September
Harry L. Bailey	October
William Amory	November
Richard S. Russell	December

VISITING COMMITTEE FOR 1926

Charles P. Curtis	January
Paul E. Fitzpatrick	February
Henry S. Howe	March
William R. Trask	April
Laurence H. H. Johnson	May
Louis A. Frothingham	June
Edmund D. Codman	July
Francis L. Higginson, Jr.	August
Irvin McD. Garfield	September
Harry L. Bailey	October
William Amory	November
Richard S. Russell	December

MEDICAL ADVISER TO CORPORATION

Appointed
July 9, 1914 Frederick C. Shattuck, M.D.

EXECUTIVE COMMITTEE OF THE STAFF

Henry A. Christian, M.D.
Harvey Cushing, M.D.
S. Burt Wolbach, M.D.
Joseph B. Howland, M.D., *Secretary*

PETER BENT BRIGHAM HOSPITAL

ADMINISTRATIVE DEPARTMENT

Superintendent

Service began	
May 1, 1919	Joseph B. Howland, M.D.

Assistant Superintendents

Jan. 8, 1923	B. Henry Mason, M.D.
Dec. 15, 1924	Leslie H. Wright, M.D.

Executive Assistant

Sept. 21, 1921	Margaret Copeland, R.N.

BOARD OF CONSULTATION

Appointed	
Mar. 25, 1912	Walter B. Cannon, M.D., *Consulting Physiologist*
Mar. 25, 1912	Otto Folin, Ph.D., *Consulting Chemist*
Dec. 8, 1921	Francis W. Peabody, M.D., *Consulting Physician*
Jan. 13, 1916	William H. Potter, D.M.D., *Consulting Dental Surgeon*
Apr. 12, 1923	Hans Zinsser, M.D., *Consulting Bacteriologist*

MEDICAL DEPARTMENT

Service began	
May 1, 1912	Henry A. Christian, M.D., *Physician-in-Chief*
July 1, 1912	Channing Frothingham, M.D., *Physician*
Sept. 1, 1922	Reginald Fitz, M.D., *Physician*
Sept. 1, 1925	Cyrus C. Sturgis, M.D., *Physician*
Dec. 12, 1912	Nathaniel K. Wood, M.D., *Associate in Medicine*
July 1, 1915	George P. Denny, M.D., *Associate in Medicine*
July 1, 1915	James P. O'Hare, M.D., *Associate in Medicine*
Sept. 1, 1915	I. Chandler Walker, M.D., *Associate in Medicine*
Aug. 8, 1919	Samuel A. Levine, M.D., *Associate in Medicine*
Sept. 12, 1919	Donald J. MacPherson, M.D., *Associate in Medicine*
Apr. 14, 1921	Francis C. Hall, M.D., *Associate in Medicine*
Apr. 13, 1922	Howard F. Root, M.D., *Associate in Medicine*
Feb. 12, 1925	George R. Minot, M.D., *Associate in Medicine*
Nov. 12, 1925	Gustave P. Grabfield, M.D., *Associate in Medicine*
July 10, 1923	William P. Murphy, M.D., *Junior Associate in Medicine*
Apr. 24, 1924	Edward S. Emery, Jr., M.D., *Junior Associate in Medicine*
Nov. 15, 1925	Thomas D. Christian, Jr., M.D., *Junior Associate in Medicine*
Sept. 1, 1925	Charles L. Brown, M.D., *Resident Physician*
July 1, 1924	John C. Shrader, M.D., *Assistant Resident Physician*
July 1, 1925	Howard L. Alt, M.D., *Assistant Resident Physician*
Nov. 1, 1925	Robert T. Monroe, M.D., *Assistant Resident Physician*
Nov. 15, 1925	Abner W. Calhoun, M.D., *Assistant Resident Physician*
Dec. 8, 1925	Harry H. Blotner, M.D., *Assistant Resident Physician*

SURGICAL DEPARTMENT

Service began	
Sept. 1, 1912	Harvey Cushing, M.D., *Surgeon-in-Chief*
May 1, 1912	John Homans, M.D., *Surgeon*
Oct. 1, 1912	David Cheever, M.D., *Surgeon*
June 19, 1916	William C. Quinby, M.D., *Urological Surgeon*

OFFICERS OF THE INSTITUTION

Service began	
Oct. 9, 1919	Gilbert Horrax, M.D., *Associate in Neurological Surgery*
June 12, 1924	Lyman G. Richards, M.D, *Associate in Otolaryngology*
Nov. 17, 1914	Hilbert F. Day, M.D., *Associate in Surgery*
Sept. 14, 1923	Percival Bailey, M.D., *Associate in Surgery*
June 15, 1924	Francis C. Newton, M.D., *Associate in Surgery*
Aug. 1, 1925	Tracy Jackson Putnam, M.D., *Associate in Surgery*
Jan. 12, 1925	Fletcher H. Colby, M.D., *Junior Associate in Urology*
July 1, 1924	Harlan F. Newton, M.D., *Resident Surgeon*
July 1, 1925	Clare E. Bird, M.D., *Assistant Resident Surgeon*
Sept. 1, 1925	Lester R. Whitaker, M.D., *Assistant Resident Surgeon*
Nov. 1, 1925	Charles E. Teel, M.D., *Assistant Resident Surgeon*
Nov. 1, 1925	Leo M. Davidoff, M.D., *Assistant Resident Surgeon*

PATHOLOGICAL DEPARTMENT

Service began	
Dec. 1, 1916	S. Burt Wolbach, M.D., *Pathologist*
Sept. 1, 1925	Charles L. Connor, M.D., *Resident Pathologist*

ROENTGENOLOGICAL DEPARTMENT

Service began	
May 15, 1922	Merrill C. Sosman, M.D., *Roentgenologist*
Feb. 1, 1926	Jacob H. Vastine, M.D., *Assistant Resident Roentgenologist*

DENTAL SURGEON

Service began	
Nov. 7, 1922	Harold A. Kent, M.D.

MEDICAL HOUSE OFFICERS

Service began		*Service ended*
Nov. 1, 1923	Philips J. Edson, M.D.	Mar. 1, 1924
Nov. 1, 1923	Michael Ringer, M.D.	Jan. 1, 1925
Mar. 1, 1924	Robert M. Stecher, M.D.	July 1, 1925
Mar. 1, 1924	Richard B. Wilson, M.D.	July 1, 1925
May 15, 1924	Wilfred G. Jones, M.D.	Mar. 1, 1925
July 1, 1924	Edwin G. Graves, M.D.	July 1, 1925
July 1, 1924	Robert T. Monroe, M.D.	Nov. 1, 1925
		Service will end
Nov. 1, 1924	Arthur N. Curtiss, M.D.	Mar. 1, 1926
Dec. 15, 1924	Luney V. Ragsdale, M.D.	Mar. 1, 1926
Mar. 1, 1925	Charles P. Wilson, M.D.	July 1, 1926
Mar. 1, 1925	Louis G. Herrmann, M.D.	July 1, 1926
July 1, 1925	Emil A. Falk, M.D.	Nov. 1, 1926
July 1, 1925	Homer W. Humiston, M.D.	Nov. 1, 1926
Nov. 1, 1925	James A. Green, M.D.	Mar. 1, 1926
Nov. 1, 1925	Joseph C. Massee, M.D.	Mar. 1, 1927

SURGICAL HOUSE OFFICERS

Service began		*Service ended*
Nov. 1, 1923	Robert W. Stellar, M.D.	Mar. 1, 1925
Nov. 1, 1923	Roy G. Spurling, M.D.	Mar. 1, 1925
Mar. 1, 1924	Leo M. Davidoff, M.D.	July 1, 1925
Mar. 1, 1924	S. Gibbs Milliken, M.D.	Feb. 1, 1925
Jan. 7, 1925	Wilber P. Armstrong, M.D.	July 1, 1925
July 1, 1924	Cornelius P. Rhoads, M.D.	Nov. 1, 1925
July 1, 1924	Louis M. Orr, Jr., M.D.	Nov. 1, 1925

PETER BENT BRIGHAM HOSPITAL

Service began		*Service will end*
Nov. 1, 1924	David M. Rioch, M.D.	Mar. 1, 1926
Nov. 1, 1924	Selling Brill, M.D.	Mar. 1, 1926
Mar. 1, 1925	Theodore C. Greene, M.D.	July 1, 1926
Mar. 1, 1925	John M. Fallon, M.D.	July 1, 1926
July 1, 1925	Franc D. Ingraham, M.D.	Nov. 1, 1926
July 1, 1925	Arthur J. McLean, M.D.	Nov. 1, 1926
Nov. 1, 1925	Daniel R. Higbee, M.D.	Mar. 1, 1927
Nov. 1, 1925	John I. Bradley, M.D.	Mar. 1, 1927

PATHOLOGICAL HOUSE OFFICERS

July 1, 1925 . . . . . Monroe J. Schlesinger, M.D.
Jan. 1, 1926 . . . . . James S. Rooney, M.D.

HOUSE OFFICER IN ROENTGENOLOGICAL DEPARTMENT

Oct. 1, 1925 . . . . . Kenneth K. Kinney, M.D.

SCHOOL OF NURSING

Superintendent of Nurses and
Principal of the School of Nursing

Service began
July 1, 1912 . . . . . Carrie M. Hall, R.N.

Assistant Superintendent of Nurses

Sept. 30, 1920 . . . . . Mabel McVicker, R.N.

Instructor in Theory

Sept. 1, 1924 . . . . . Ruth Sleeper, R.N., B.S.

Instructor in Practice

Sept. 3, 1920 . . . . . Helen M. Blaisdell, R.N.

Instructor in Operating Room Technique

Apr. 1, 1925 . . . . . Marion F. Batchelder, R.N.

Supervisors

Oct. 1, 1922 . . . . . Lucy H. Beal, R.N.
July 1, 1925 . . . . . Mary C. Gilmore, R.N.
June 1, 1921 . . . . . Alice A. Weston, R.N.
Apr. 1, 1925 . . . . . Nellie V. Porter, R.N.

Night Supervisor

July 1, 1925 . . . . . Carolyn Upton, R.N.

Assistant Night Supervisor

June 25, 1925 . . . . . Bernice J. Sinclair, R.N.

OFFICERS OF THE INSTITUTION

Chief — Social Service Department

Aug. 17, 1914 . . . . . Alice M. Cheney, R.N.

Dietitian

May 21, 1925 . . . . . Thelma Tubbs, B.S.

Apothecary

Dec. 2, 1912 . . . . . Harry H. Coman

Clerk

Apr. 29, 1912 . . . . . Lida E. Crawford

Record Librarians

House Records

June 16, 1922 . . . . . Edith M. Robbins

Out-Patient Records

Jan. 8, 1912 . . . . . Maud Macaulay

Housekeeper

Nov. 1, 1912 . . . . . Elizabeth M. Packard

Chief — Mechanical Departments

Oct. 21, 1911 . . . . . John A. Aitken

FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of dollars, the same to be used for the furtherance of its charitable work.